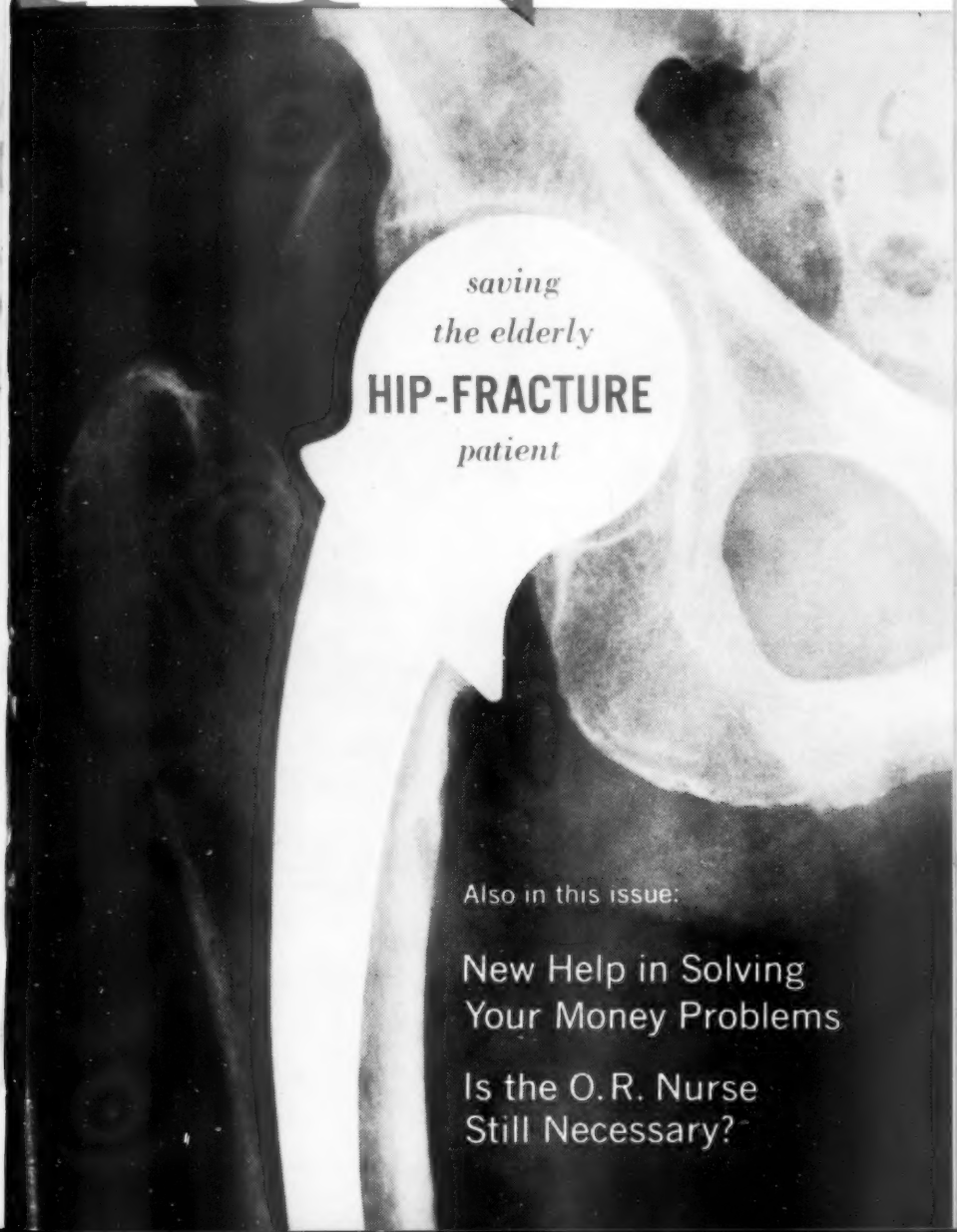
RN

NOVEMBER 1959

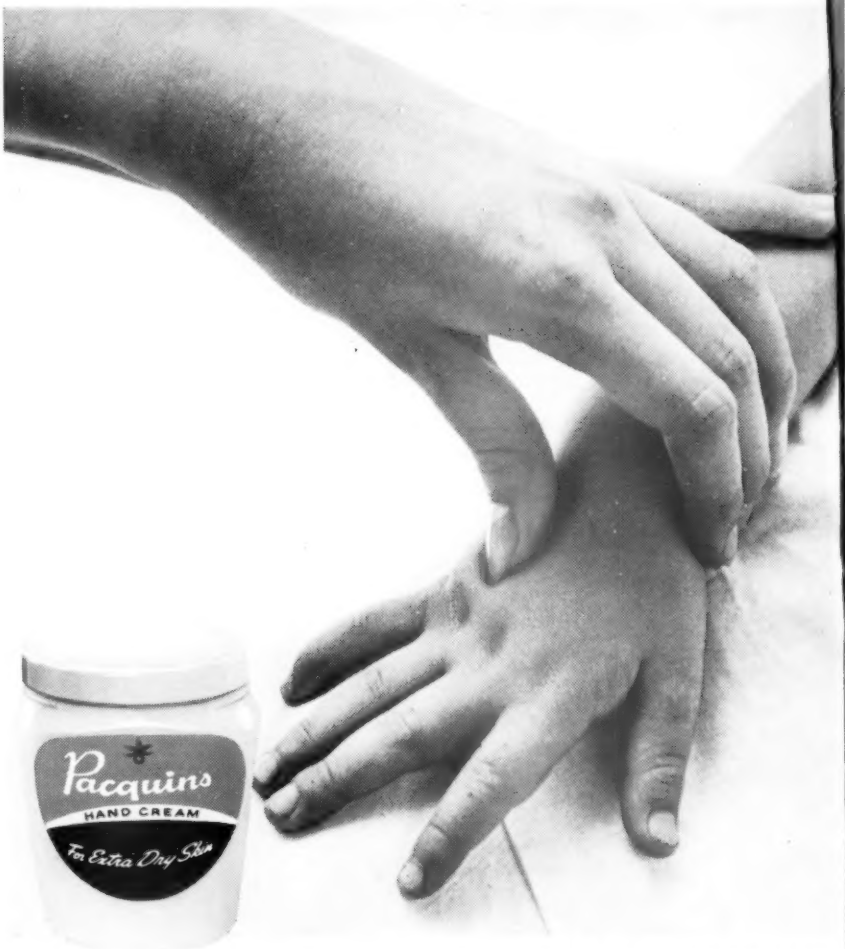


saving
the elderly
HIP-FRACTURE
patient

Also in this issue:

New Help in Solving Your Money Problems

Is the O.R. Nurse Still Necessary?



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Pacquins Hand Cream is lanolin-rich for extra-dry skin . . . gives your hands more protection than any other hand cream in the world. Never sticky or greasy; vanishes quickly. Pacquins was originally formulated for professional use only.

Extra protection

RN contents

VOLUME 22 • NO. 11 • NOVEMBER 1959

MORE ►

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"What a day!"

"When you're assisting a doctor in private practice, there's no telling what the day will bring. Today it seemed as though the whole neighborhood had to have one injection or another. It took me hours just to clean up."

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contents

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your doctor uses Sinutab for these reasons

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DOSAGE: *Adults,* two tablets every four hours. Prophylactically, one tablet every four hours. *Children 6 to 12 years,* one-half adult dose. SUPPLIED: Bottles of 30 tablets.

*TRADEMARK

NOVEMBER 1959

RN

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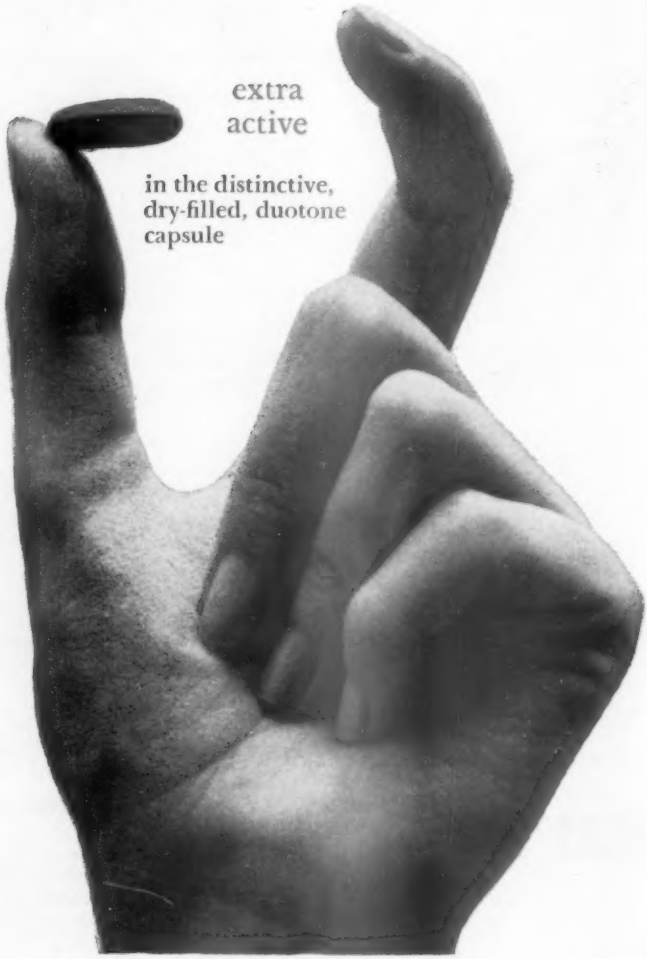

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in the distinctive,
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far greater antibiotic activity

...for greater assurance of control in a diversity of infections

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...forestalls resurgence of primary infection or secondary bacterial invasion...

—enhancing the traditional advantages of broad-spectrum antibiotics.

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NEW A.C.M.I. STERILE PACKAGED

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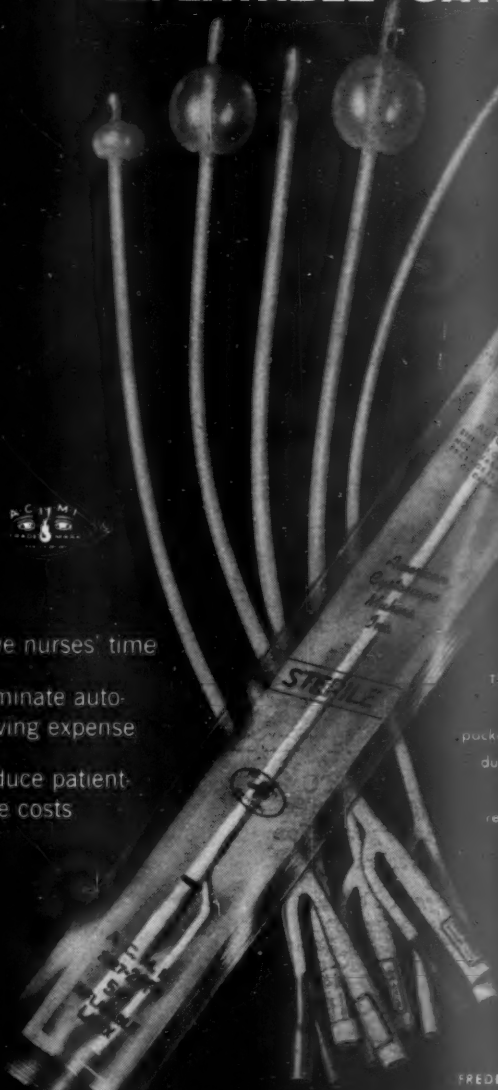

- Save nurses' time
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Double protection
...double safety..
ready for instant use

The new A.C.M.I. Sterile Packaged Premier Catheter is double-protected by double packaging for assured sterility. Even should the durable outer non peelable package be torn or cut by unduly rough handling, the resilient inner peelable package still protects the sterile catheter from contamination.

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99⁴⁴/₁₀₀% pure®...it floats

RN letters

UNIONIZATION

DEAR EDITOR: More power to those who say that nursing—the poorest paid profession—desperately needs unionization to keep up, salary-wise, with other fields.

Florence N. Duncan, R.N.
Florence, Ala.

DEAR EDITOR: I'm in favor of improving the nurse's status; but I will never be in favor of, and will never join, a union. There must be another way to get the things we want.

If nurses ever become unionized, our standing as a profession will be set back fifty years at least —and rightly so.

Lucille W. Wilson, R.N.
Chattanooga, Tenn.

DEAR EDITOR: This unionization pressure by a few rabble-rousers disgusts me . . .

True, some hospitals are still in the Dark Ages, paywise. But unions aren't the answer for nurses. Nursing has always attracted those who love it and go into it voluntarily, knowing that it isn't among the highest paid professions.

Rabble-rousers should go to work where the unions govern—if that's what they want.

Esther Anderson, R.N.
Pleasant Grove, Utah

DEAR EDITOR: . . . Some nurses have allowed the figure on their pay checks to dominate their thinking.

I'll admit I'm as happy as the next nurse to get my pay; but I believe salary is only one form of compensation for my services . . . A nurse receives her greatest reward in the satisfaction of a job well done.

Joan Vallier, R.N.
St. Ignace, Mich.

NURSING OUTBID

DEAR EDITOR: The chronic cry of "nurse shortage" will continue to be heard until R.N.s are better paid. High-school graduates sell their services to the highest bidder; and nursing's bid simply isn't high enough.

Alfred W. Reetz Jr., R.N.
New York, N.Y.

SOVIETS SECOND?

DEAR EDITOR: The Soviet-developed bronchus-stapling device shown recently in *RN* may possibly be (as

letters

Moscow sources claim) "the world's first suturing machine."

But I doubt it.

In a 1950 catalogue issued by Edward Weck & Company, Inc., of Brooklyn, N. Y., there's a picture of a device for suturing an anastomosis. It's called a "Von Petz Stomach and Intestinal Suturing Apparatus."

Anna Loffler, R.N.
Bayside, N.Y.

REORIENTED

DEAR EDITOR: I've just come home from the hospital after my first major operation. Now I wonder: How could I have nursed others for seventeen years and yet not actually realized what patients go through?

For instance, I always thought "gas pains" should be overlooked. What folly and ignorance!

Maybe I'll be a better nurse now because I've been a patient.

Anna Christiansen, R.N.
Plymouth, Ind.

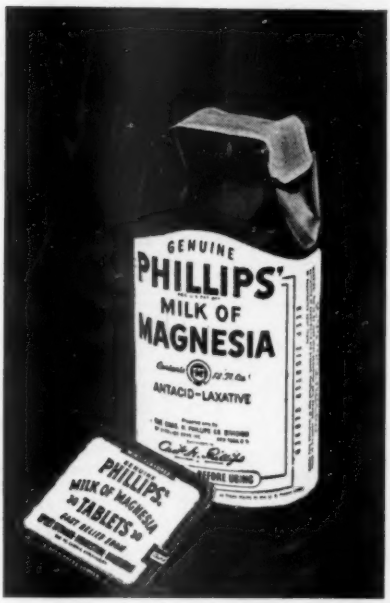
ROOST-RULERS?

DEAR EDITOR: I can understand why older R.N.s resent taking orders from younger ones. The older generation naturally likes to "rule the roost."

But I'm tired of older R.N.s who regard younger graduates as stupid and who brag about how much harder *they* worked when they were young.

I suggest that such nurses try to adjust to today's nursing, instead

An Ideal Antacid-Laxative



PRE-EMINENCE

In every field, pre-eminence is gained by consistent quality and demonstrated dependability over many years. Phillips' Milk of Magnesia has won such a position as the ideal laxative and antacid. For over 75 years it has been the overwhelming choice of doctor and consumer alike.

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of condemning the younger nurse.

Nursing has changed, is changing, and will continue to change. Let's be professional enough to accept its changes—and also its new R.N.s!

Marilyn J. Lonsberry, R.N.
Syracuse, N.Y.

MALE PARTICIPATION

DEAR EDITOR: The recognition that men nurses lack, if any, doesn't call for a Walt Whitman Society (as recently suggested by an *RN* correspondent).

Let's face it: Any nurse, male or female, who wants to advance can do so by active participation in local, state, and national nursing associations—and by post-graduate study.

Donald P. Metildi, R.N.
Rochester, N.Y.

NOT ENOUGH INDIANS

DEAR EDITOR: "Too many chiefs and not enough Indians" certainly applies to nursing today.

Recently I returned to general duty after twelve years as an anesthetist, and I can see the crying need for good, old-fashioned bedside care.

College degrees are necessary for teachers and administrators; but it seems to me the more educa-

tion a nurse gets, the farther away she gets from nursing.

Personally, I like the term "general duty." It expresses the idea of getting out from behind a desk and actually taking care of patients.

The trend toward college-level training is depriving the profession of many good nurses. Girls who can't afford to pay the collegiate schools' high tuition often go into other fields. Many of these girls are wholesome and hard-working youngsters who would make excellent bedside nurses.

As one letter writer put it recently: Let's not put the R.N. out to pasture. Instead, let's retain the three-year hospital program. Let's encourage more girls to enter it by giving the three-year graduate a better break.

Betlina Breen, R.N.
Delmar, N.Y.

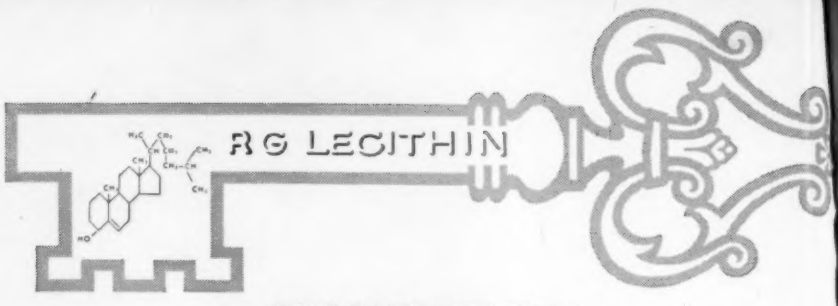
PIN-UP DATA

DEAR EDITOR: Those much-needed tables for handling the metric and apothecaries' measurement systems (*RN*, July) are now posted at our hospital for ready reference. So, too, is your check-list of religious rites (*RN*, March).

Cecelia Hargrove, R.N.
Babylon, N.Y.

END


THE TROUBLE-FREE ADHESIVE THAT TEARS CLEAN, WEARS CLEAN



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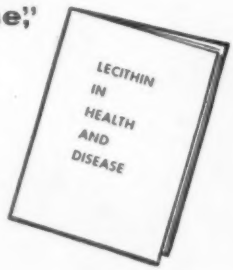
Available in granular form, RG Lecithin is pleasant to take plain, or mixed in juices or foods. Usually prescribed daily dosage: 1 to 3 tablespoonfuls. Available in 8-oz. and 1-lb. jars.

Safe[3]

No harmful side effects.

"Lecithin in Health and Disease," a brochure describing the product and its application, as well as the rationale for the use of "RG" Lecithin in the diet, is available to the medical profession upon request to Medical Consultant at the address below.



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RN news

Legal Issue Snags Boards: Can R.N.s Give I.V.s?

In the opinion of New Jersey's State Board of Medical Examiners, R.N.s may properly administer M.D.-ordered intravenous therapy (including transfusions); and it's not necessary for the doctor to be present when such I.V.s are given.

But the State Board of Nursing thinks differently.

In a recent declaration, the nursing board held that the administration of I.V. therapy is *not* a function of nurses and that even a specially trained R.N. may not perform such a procedure except under the immediate supervision of an M.D. and in his presence.

The State Attorney General's office is reportedly trying to clarify the issue.

New Cortisone Test Spots Diabetes Before Onset

If cortisone is used with the standard glucose tolerance test, a predisposition to diabetes can be detected in persons with a family history of the disease.

So say Drs. Stefan S. Fajans and Jerome W. Conn of the University of Michigan.

Cortisone, they explain, increases the potential diabetic's sensitivity to the glucose test, making the test more effective in borderline and pre-onset cases.

Cortisone may be especially effective in testing children and siblings of diabetics, say the doctors, since the disease has a strong hereditary tendency.

A.H.A. May Get Voice in School Accreditation

The Joint Committee of the Boards of the American Hospital Association and the National League for Nursing has recommended that a new committee be formed to help the N.L.N. with the accrediting of hospital schools.

This committee would give the A.H.A. an indirect voice in revamping the present accrediting program, observers believe.

The proposal calls for the establishment, within the N.L.N., of an advisory committee made up of seven members from the A.H.A. and seven from the N.L.N. This group would have no policy-making powers but would recommend ways to (1) improve and simplify present accrediting procedures,

and (2) stabilize adequate financing.

The committee would start functioning early next year. It would submit its recommendations to the A.H.A. House of Delegates in 1960 and to the N.L.N. biennial meeting in 1961.

At last report, the proposal had been approved by the A.H.A. directors and House of Delegates, but not by the N.L.N.

Watch Turkey and Pork, Warns Zoonoses Study

The turkey, traditional king of the Thanksgiving table, is a dangerous carrier of psittacosis, or "parrot fever," says a recent study published by Parke, Davis and Company. But he's dangerous only when strutting in the yard or being processed for the market.

Poultry workers most commonly pick up psittacosis from the turkey, says the study. In Texas, for example, 190 of 201 cases of parrot fever were attributed to the dressing of turkeys. And in Wisconsin, twenty-two cases were reportedly traced to a single turkey-processing plant.

The same study—a round-up of data on zoonoses (animal diseases transmissible to humans)—also warns that trichinosis is still a ma-

In female urethritis age makes a difference

EFORE THE MENOPAUSE,

alized urethral infection is highly prevalent but "easily overlooked" because pain d discomfort are frequently referred to other areas.[1]

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e antibacterial . . . anesthetic . . . gently dilating . . . provide rapid control of both in and infection[2] . . . 0.2% Furacin and 2% diperodon•HCl (an efficient local anesthetic), a water-dispersible base. Each hermetically sealed in silver foil, box of 12.

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trogen deficiency leads to atrophy of the urethral mucosa, irritation, creased susceptibility to infection . . . a frequent source of pelvic distress.[3]

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FERENCES: 1. Barrett, M. E.: J. M. Assoc. Alabama 26:144, 1956. 2. Youngblood, V. H.: Urol., Balt., 70:926, 1953. 3. Youngblood, V. H.; Tomlin, E. M.; Williams, J. O. and mmelstiel, P.: Tr. Southeast. Sect. Am. Urol. Assoc., Atlanta, Ga. (Apr. 7-11) 1957, p. 40-43. Youngblood, V. H.; Tomlin, E. M. and Davis, J. B.: J. Urol., Balt., 78:150, 1957.

TROFURANS—a unique class of antimicrobials

TON LABORATORIES, NORWICH, NEW YORK

news

jor health problem. Why? Becau the average American consum an estimated three servings of i fected pork yearly, says the stud

The best prevention: Cook po at 140 degrees F. for at least thir minutes per pound.

Nurses Are Alerted as V.D. Cases Mount

Nurses the country over—partic larly those in public health work are being urged to give priority the finding and follow-up of ve ereal disease cases.

Reason? Recent reports by t U.S. Public Health Service and lated organizations show that:

¶ In spite of the effective use penicillin today, gonorrhea a syphilis still rank near the top mong notifiable diseases, in th order: (1) measles, (2) strep coccal infections, (3) gonorrhe (4) syphilis.

¶ For every person who's know to have V.D., there are an es mated three persons with undia nosed or unreported infection. I cluded are more than a milli who have syphilis. If they are treated in time, an estimated 17 000 will develop late disabli syphilis. And some 50,000 of th group will end up in mental ins tutions.

¶ V.D. is on the increase aga So far this year, gonorrhea has creased by 8 per cent over 19 and infectious syphilis has creased by 23 per cent. *Mor*

now–

an exclusive formula designed to provide

total symptomatic relief of dysmenorrhea

NEW FEMICIN TABLETS

Busy nurse, secretary or housewife... you can assure their uninterrupted activity every day of the month. In dysmenorrhea, FEMICIN treats the syndrome—not merely a single symptom.

FEMICIN brings together, for the first time in a single tablet, an exclusive combination of analgesic, anti-spasmodic and anti-edematous drugs—designed specifically to provide total symptomatic relief of dysmenorrhea. In a number of recent clinical studies, FEMICIN provided relief from all these distress symptoms: cramps, headache, bloating, nervous tension and depression. Success in over 75 per cent of all patients was obtained. Moreover, FEMICIN proved highly effective, even in cases where all other previously used medications had failed. When you recommend FEMICIN, patients experience safe, prompt, lasting relief. Available at all pharmacies; no Rx required.

FORMULA: Each FEMICIN tablet contains; Salicylamide 225 mg., Acetophenetidin 160 mg., Caffeine 65 mg., Pyrilamine Maleate 15 mg., Homatropine Methylbromide 0.5 mg.

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What's being done to combat this increase? The twin problems of detection and cure are being attacked on a number of fronts, including these:

¶ House and Senate Appropriations Committees have approved $5,400,000 for control work.

¶ Researchers are evaluating several antibiotics for the treatment of V.D. in penicillin-sensitive patients.

¶ Other researchers are continuing their efforts to find an immunizing vaccine for syphilis.

Her Invention Eliminates I.V. Stands in O.R.

Sophia A. Larsen, O.R. nursing director at the Cleveland Clinic Hospital, decided it was high time for someone to emancipate O.R. nurses from continually scrubbing up, battling with, and tripping over I.V. floor stands. So she invented the aerial suspension device pictured at left.

As she indicates with the pointer, hooks extend down from an adjustable metal frame to hold I.V. bottles. The frame can be attached to ceiling or wall. (Here it's suspended from the ceiling lamp track.)

A Cincinnati company is now marketing the device.

capsules

If a pulmonary-disease patient can't blow out a book match held six inches from his mouth, he may have an **airway obstruction**, says a report to the A.M.A. . . .

Pediatric tip from an Ontario M.D.: When giving a **scalp-vein infusion** to a child, place moistened plaster-of-paris strips under and around the needle's hub. The strips will form a plaster bed and hold the needle firmly in place . . .

Don't use outdated **first-aid manuals,** warns a Copenhagen M.D. Many don't include (1) improved methods of artificial respiration, (2) new techniques for treating roadside fractures, and (3) recent developments for handling burns and scalds . . .

The nurse and the interne at Chicago's Ravenswood Hospital who are judged the most outstanding in their service to patients during the year will receive **an award of $250** each. The money was donated by a grateful patient whose $5,000 gift will keep the award kitty filled for ten years. END

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Infant formula

nearest to mother's milk[1] in nutritional breadth and balance

In a well controlled institutional study[2], Enfamil was compared with three widely used infant formula products:

This formula produced: weight gains greater than the average, stool firmness between firm and soft . . . and lower stool frequency.

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NEAREST... to mother's milk in its pattern of vitamins and minerals (more vitamin D in accordance with NRC recommendations)

NEAREST... to mother's milk in its fat composition (no butterfat; no sour regurgitation)

NEAREST... to mother's milk in its ratio of saturated to unsaturated fatty acids

NEAREST... to mother's milk in its low renal solute load

ENFAMIL LIQUID—cans of 13 fluid ounces. 1 part Enfamil Liquid to 1 part water for 20 cal. per fl. oz.

ENFAMIL POWDER—cans of 1 lb. with measure. 1 level measure of Enfamil Powder to 2 ounces of water for 20 cal. per fl. oz.

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RN *literature and samples*

COSMETIC SENSITIVITY: "Every Woman Has Sensitive Skin" is the title of a brochure offered by AR-EX PRODUCTS. In it are suggestions for care of the skin, hands and hair, and tips on make-up—including eye make-up. AR-EX hypoallergenic products are described. **L-1**

HOW TO GIVE A PATIENT A LIFT: Porto-Lift, a mechanical lifting device for hospital use, offers new freedom of movement for the invalid, facilitates lifting without discomfort or injury, and simplifies therapeutic procedures. Accessories are supplied for specialized purposes. An illustrated brochure is offered. PORTO-LIFT MFG. CO. **L-2**

PLASTIC APPLIANCES AND EQUIPMENT: Curvlite Products are handmachined, seamless, and can be sterilized repeatedly. Basins, splints, dilators, racks, holders—these and other items are included in a catalog. MASTERCRAFT PLASTICS CO. **L-3**

SURGICAL MASK: Contamination of surgical wounds from the nose and throat of operating personnel has long been a serious problem. The Kiser-Hitchcock Surgical Mask consists of a plastic frame with disposable filters. The mask is comfortable and does not hinder vision, movement, or conversation. Eye glasses are not fogged. Brochure. PHELAN MFG. CORP. **L-4**

SOAPLESS SKIN CLEANSER: In the presence of eczema or other dermatitis resulting from soaps and detergents, the makers suggest Soy-Dome, an abundant-sudsing soapless skin cleanser. A clinical report, a file card, and a testing sample are offered. DOME CHEMICALS, INC. **L-5**

VAPORIZER INHALANT: An aromatic combination for use in electric vaporizers, Kaz is indicated to allay the discomfort of colds. A sample is offered, together with a book of cartoons about a nurse named "Nellie Nifty". KAZ MFG. CO., INC. **L-6**

FURNITURE IN THE HOSPITAL ROOM: A 16-page brochure is entitled "A Guide to Better Use of Patient Room Equipment". It shows, through well-arranged text and many illustrations, just how to assemble the proper furnishing elements for any hospital room requirement. HILL-ROM CO., INC. **L-7**

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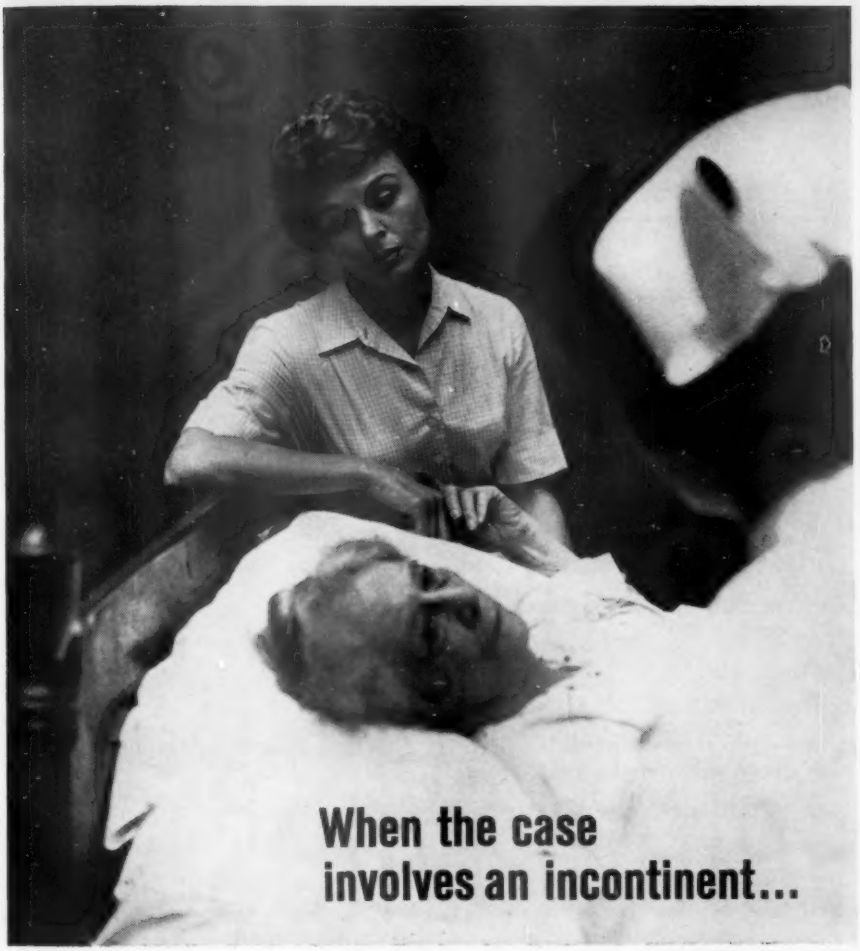

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no more battles at vitamin time

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delectable, chewable, chocolate-like vitamin-mineral nuggets

No fights, no battles at vitamin time because children love to chew DELECTAVITES. These delectable, easily chewable chocolate nuggets supply all essential vitamins as well as minerals so necessary during the years of growth. As soon as children can chew, they can go directly from vitamin drops to DELECTAVITES. And, **now** you can be sure your little patients will follow your instructions about taking their daily vitamins.

Each nugget contains: Vitamin A—5,000 Units* / Vitamin D—1,000 Units* / Vitamin C—75 mg. / Vitamin E—2 Units† / Vitamin B_1—2.5 mg. / Vitamin B_2—2.5 mg. / Vitamin B_6—1 mg. / Vitamin B_{12} Activity—3 mcg. Panthenol—5 mg. / Nicotinamide—20 mg. / Folic Acid—0.1 mg. / Biotin—30 mcg. / Rutin—12 mg. Calcium Carbonate—125 mg. / Boron—0.1 mg. / Cobalt—0.1 mg. / Fluorine—0.1 mg. / Iodine—0.2 mg. Magnesium—3.0 mg. / Manganese—1.0 mg. / Molybdenum—1.0 mg. / Potassium—2.5 mg.

*U.S.P. UNITS †INT. UNITS

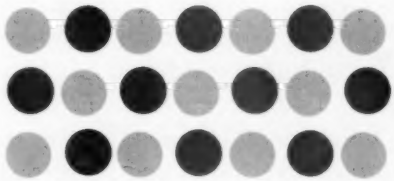
dosage: one Delectavites daily. **supply:** Box of 30 (one month's supply), Box of 90 (three months' supply).

WHITE LABORATORIES, INC., KENILWORTH, NEW JERSEY

RN

Blood-Building B-Vitamins

and how they work



BY MORTON J. RODMAN, Ph.D.

Vitamins have been both overrated and underrated in popular thinking. But as far as the healing profession is concerned, one thing seems certain: These potent biochemicals long ago proved their worth.

Today vitamins are being used more and more frequently, and with constantly increasing effectiveness.

This is especially true of the two great blood-builders of the B-vitamin complex: B_{12} and folic acid (B_c). The use of these and the intrinsic factor—a substance that often helps them do their work—is a challenge to the nurse's understanding and skill.

B_{12} is by far the most versatile of all blood-builders. It's so powerful that the body needs only a millionth of a gram daily. Yet, without this minute trace, the bone marrow can't make its normal amount of red blood cells.

Actually, every body tissue needs B_{12}. The cells use both it and folic acid to spark a whole series of chemical reactions. When either is absent in proper

quantity, the bodily mechanism may break down in dangerous ways.

Now, just what causes such a deficiency to develop, and how does the doctor combat this condition?

Usually it's rare for people not to get enough of these two vitamins in their food. Occasionally, strict vegetarians may not eat enough meats, eggs, and milk to provide proper quantities of B_{12}. And some people (especially those in the tropics) may not eat fresh, green, leafy vegetables and thus develop a folic acid deficiency.

The Intestine's Rôle

But by far the most B_{12} and folic acid deficiencies occur because a person has something wrong with his digestive tract. Even though he may eat normally, his intestine fails to absorb enough of these vitamins. In the case of a B_{12} deficiency, this may lead to pernicious anemia in which the bone marrow fails to produce a normal supply of healthy red cells.

As recently as the Nineteen Twenties, persons who developed pernicious anemia died within three years. Then two Boston doctors found that they could keep their patients alive by feeding them large quantities of liver. They arrived at this treatment by reasoning that:

¶ Certain foods, including liver, contain an *extrinsic* factor that's needed to bring red blood cells to maturity.

¶ The stomach produces an *intrinsic* factor that helps the body absorb the needed extrinsic factor.

¶ The stomachs of these patients apparently didn't produce enough intrinsic factor.

¶ To overcome this deficiency, the patients needed to eat so much liver that their digestive tracts absorbed the needed amount of extrinsic factor from the oversupply provided.

Extrinsic Factor Is B_{12}

From this discovery, it was just a step to the production of blood-building extracts made from liver. Finally, after years of painstaking work, chemists produced the first bright red crystals of cyanocobalamin, or vitamin B_{12}—the extrinsic factor in pure form.

During these years the chem-

THE AUTHOR *is Professor of Pharmacology, at the College of Pharmacy, Rutgers University, Newark, N.J.*

ists also searched for the intrinsic factor of the stomach. But before they found it, they were able to isolate and extract pure folic acid. It took four tons of spinach to provide the first pinch of costly orange-yellow folic acid powder. But now this B-vitamin is plentiful and cheap.

Recently, chemists have produced an almost pure extract of the mysterious intrinsic factor. (It's made from hogs' stomachs.) They still don't know what it is chemically, though they think it may be an enzyme. In any case, it speeds B_{12} into the patient's system where this blood-builder can fight pernicious anemia and other ills.

How Do They Work?

What makes B_{12} and folic acid so essential for red blood cell

Substances for Treating MACROCYTIC ANEMIAS

The official or generic name of the drug (ending at the semicolon) is followed by its synonym(s) or trade name(s).

Cyanocobalamin (vitamin B_{12}) crystalline, U.S.P.; Betalin 12, Crystamin, Ducobee, Redisol, Sytobex, et al.
Dessicated liver
Dessicated stomach tissue; Ventriculin
Folic acid, U.S.P.; pteroylglutamic acid, P.G.A., Folvite
Folinic acid; citrovorum factor, Leucovorin
Intrinsic factor concentrate; Autrinic
Liver concentrate
Liver concentrate solution; Intraheptol
Liver injection crude, U.S.P.; liver extract solution crude
Liver injection, U.S.P.; liver extract solution purified
Liver fraction 1, N.F.; soluble liver fraction 1
Liver fraction 2, N.F.; soluble liver fraction 2
Liver-stomach concentrate
Vitamin B_{12} with intrinsic factor concentrate, U.S.P.; Bevidoral Intrinase, Neofactrin, et al.

production? All of the answers aren't in yet. But, say the doctors, these substances seem to spark some of the biochemical steps of the blood-forming process.

Abnormal Cells Appear

When the bone marrow does not receive its essential supply of blood-builders, abnormally large blood cells of a primitive type called megaloblasts gradually appear. The red cells in the blood stream decrease rapidly as normal production falls off. Then large red cells, called macrocytes, show up. These are packed with extra hemoglobin—produced by the body in a futile effort to compensate for the deficiency in the number of red cells.

In treating this condition, the doctor usually starts the patient on frequent injections of crystalline cyanocobalamin. He may also give folic acid separately, or in combination. Then when the patient's red blood count comes back to normal, the doctor keeps it there with daily oral doses of B_{12} and intrinsic factor concentrate. Or he may give injections of B_{12} at longer intervals.

This oral combination may also work well in treating a related condition.

As a person ages, his stomach gradually secretes less and less gastric juice. Sometimes this keeps him from absorbing enough B_{12}. He becomes weak and listless and develops other deficiency symptoms. Reportedly, regular doses of the oral combination may overcome his symptoms and return his energy to normal.

More serious is the condition of the patient who has had all or most of his stomach removed. Usually he uses up his body stores of B_{12} within three to four years. Then deficiency symptoms become disabling unless lifesaving doses of B_{12} are prescribed.

Why Both Are Needed

There's one danger in using folic acid to treat pernicious anemia: It must never be given except with B_{12}. Here's why:

Folic acid makes the blood healthy but doesn't do anything to overcome spinal cord damage that's associated with pernicious anemia. Only B_{12} corrects nervous complications. So giving folic acid alone may mask the continuing nerve-cell [*More on 94*]

AN RN REFRESHER

Pointers on Giving Oral Medications

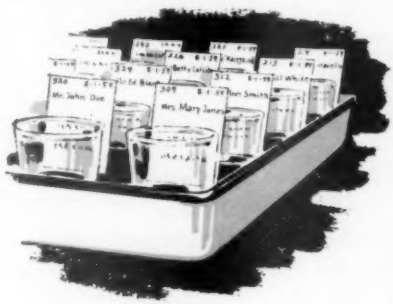
By Signe S. Cooper, R.N.

THIS ARTICLE *is the third in an* RN *refresher series on drug administration. The author is Associate Professor of Nursing and Chairman of the Department of Nursing, Extension Division, University of Wisconsin, Madison.*

The nurse gives drugs more often orally than in any other way. Here are four suggestions for doing it easily and efficiently:

Know and use your hospital's medicine-card system.

The use of medicine cards can cut preparation time appreciably when you're handling medications for a number of patients. A typical medicine card lists the name and room number of the patient, drug name and dose, and route and time of administration.



The color of the card indicates when, in the hospital's time schedule, the drugs should be given. For example, a hospital may use red cards for medications given three times daily, at the hours of 9-1-5.

So when you're ready to prepare medications at 9 A.M. (or 1 or 5 P.M.), pull the appropriate cards from the file. Check each one against matching orders on the patient's chart to be sure the card information is correct.

Put the cards in a stack so only the top one shows. (This cuts down the chance of error when reading dosages.) Now start to pour

your medications one at a time. Carefully put the appropriate card behind each medicine glass as you fill it. This will help avoid any mix-ups in medication and prevent loss of the card.

Use the proper technique for pouring.

By following the basic rules for drug administration,* you'll be sure you're giving the right drug to the right patient at the right time in the right dose and by the right method.

When you prepare a tablet medication, avoid touching the tablet (or tablets) by dropping it from the bottle into the bottle cap and then into the medicine glass.

Make oral medications as palatable as possible.

Dilute acid and iron preparations and give them through a drinking tube. Keep oils refrigerated and give them while cold.

Offer the patient a glass of fruit juice or a peppermint if the drug has an unpleasant aftertaste.

Use good nursing judgment at all times.

Never give an oral medication to a delirious or an unconscious patient. Make sure the patient can swallow the drug before you give it to him.

Never leave a drug for the patient to take at his own discretion. Stay with him until you're certain he has swallowed it.

Make the patient as comfortable as you can through skillful nursing care. Such measures as a back-rub, a glass of warm milk, a fresh sheet, or a little reassurance may make it unnecessary for you to give a sedative or a sleeping pill. END

*See "Guides for Giving Medications," *RN*, June, 1959.

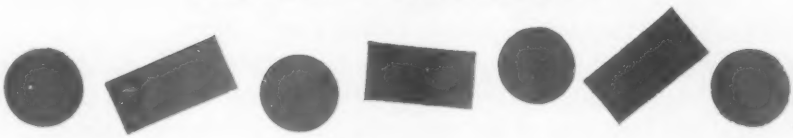
Following orders

My doctor says that eating cake
Is the last thing I should do.
So just before I go to bed
I eat a piece or two.

—EDNA MAE BUSH

New Help in Solving Your

MONEY PROBLEMS



Thrift-minded nurses are happily joining hospital credit unions to save and to borrow—with advantages both ways

By John Winslow

Nothing seems easier these days than buying on credit or getting a short-term loan. But if you've ever stopped to figure what such borrowing costs you in interest plus service charges, you've had a rude awakening.

What's more, if you've ever bought on credit or obtained a loan and then been delayed by unexpected illness or other disaster in meeting your payments, you've probably discovered that the legal language of the agreement you signed had very little human compassion mixed in. Either you took care of your obligation on schedule—or else!

Now nurses the country over are avoiding these hazards by using their savings to help one another. How do they do this? They join a hospital credit union or form one of their own. Thousands now belong to employe credit unions at some 275 hospitals. Additional hundreds in the larger cities (e.g., in Minneapolis,

THIS ARTICLE *is based on a nation-wide survey of hospital credit unions, conducted by the Credit Union National Association, Inc., Madison, Wis.*

Denver, and San Diego) have formed credit unions for nurses only. Everywhere the credit union idea is growing by leaps and bounds. Witness these examples:

¶ Five hundred employes of Miller Hospital in St. Paul, Minn., have joined a credit union organized there in 1953.

¶ Two-thirds of the personnel at Victoria Hospital in Miami, Fla., have joined a credit union there that includes sixty-nine nurses and forty-one other employes.

¶ Six hundred of 1,500 R.N.s and P.N.s in Minneapolis belong to a credit union there for nurses, while many others belong to hospital credit unions in the area.

What It Does for You

Now, suppose *your* hospital has a credit union and you decide to join it. What advantages can you expect? In most situations, these:

1. As a member of a credit union, you tend to put aside more savings from your pay than you otherwise would.

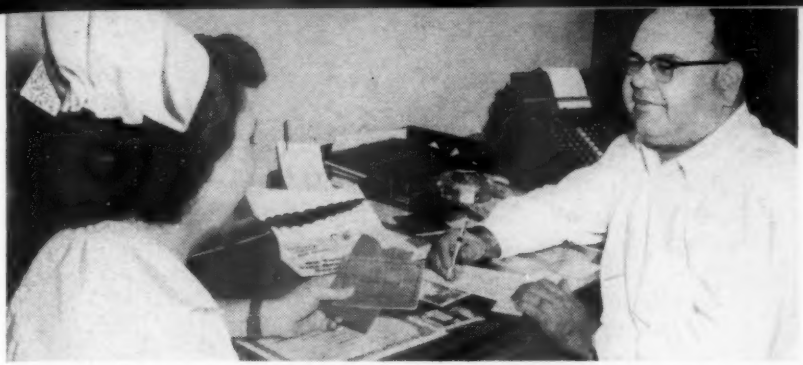
To become a member, you pay a small fee (usually 25 cents). Then you can start putting aside savings each payday that apply toward shares in a credit union. Since many credit unions have payroll deductions, you may, if you wish, arrange for a small, regular amount to be withheld from your pay. This usually proves to be the ideal way to save, say credit union members; for you just aren't tempted to spend money that you never see! Consider this actual case history:

Ten years ago a nurse at the Long Beach (Calif.) General Hospital decided to save $2.50 a month from a pay increase without telling her husband. Later, she increased her monthly deposit each time her salary went up. Now she has more than $2,000 in the kitty. And she's planning to surprise her husband by treating him to a round-the-world cruise—a life-long ambition of both.

2. You receive more interest on your savings than you can get at most banks (usually from 3 to 4 per cent).

3. You may get double-indemnity life insurance on your savings.

Most credit unions provide this protection at no charge to you. This means that when you die, your family could get twice the amount you had on deposit



SPEEDY LOAN SERVICE: *Joan Kerr, assistant chief nurse at the Anna (Ill.) State Hospital, applies for a credit union loan. An hour later the credit committee members (all hospital employes) will have approved it.*

at the time, up to one or two thousand dollars.

4. You can borrow money easily and at low cost.

Although you must repay a loan on the usual installment plan, it's easy to get an extension in case of emergency because your fellow workers are the ones who control and operate the credit union.

The interest rate is lower than that charged by most short-term loan agencies (a maximum of 1 per cent a month on the unpaid balance). And there are no other charges or fees.

5. You're protected by loan insurance—meaning that if you become permanently disabled before you've repaid the loan, or if you die, the insurance pays off any outstanding balance. Again, most credit unions provide this benefit, though not all do, and at no charge to you.

6. Usually, members of your immediate family may join the

CREDIT UNION OFFICIALS *of the St. Lawrence State Hospital in Ogdensburg, N.Y., include Charge Nurse Julia Manfred (seated, left) and Nurse Supervisor Eldred Edgerton (behind Mrs. Manfred).*

credit union. (This sounds like a small benefit, but circumstances can make it into a real blessing, as the following case illustrates.)

The husband of a nurse at the St. Lawrence State Hospital in Ogdensburg, N.Y., joined the hospital's credit union. Later, he borrowed money to pay for a

When You 'Special' For a Friend

By Janice Campbell, R.N.

Sooner or later every nurse faces the decision whether or not to "special" for a relative or a friend.

She wants to, of course. But she knows of cases where hard feelings have resulted and friendships have been strained because relatives or friends expected the nurse to do things her professional judgment wouldn't allow (for instance, giving unauthorized sedatives or using her influence to get extra visiting privileges).

After several such experiences, I vowed "Never again!" Then Jean, a close friend, asked me to special for her husband, Bob, who was scheduled for an operation. I just couldn't refuse; so I tried to head off possible trouble before it came. Here's what I did:

¶ Since neither of them had ever been in a hospital, I gave them a step-by-step account of what to expect.

¶ I made it clear that I'd do all in my power to help Bob, but that a nurse must *always* follow professional standards and observe hospital regulations.

Everything went smoothly, and today our friendship is stronger than before. Now I'm ready to special for my friends whenever they ask me. For I know that a tactful discussion beforehand can work wonders in heading off misunderstandings. END

new car. After making two payments, he died. In most circumstances, the nurse would have faced the hardship of completing the car payments. But in this case the loan insurance paid the balance.

Just *how* does a credit union manage to provide high interest on savings, easy-to-get loans at low rates, and free insurance, you may ask.

Well, for one thing, a credit union is a nonprofit organization with low overhead.

For another thing, it's a cooperative organization. The members usually know each other personally. They know they're borrowing the life savings of their friends. Each one realizes that if he tries to avoid repaying a loan, the credit union is close at hand to remind him of the obligation. So even the careless seldom cause any trouble on this score. (A guaranty fund required by law takes care of loans that must be written off.)

Consider the record at the Binghamton (N.Y.) State Hospital:

This hospital's credit union is big business. Right now it has $410,000 out on loan. Yet in nineteen years of operation, it has written off only about $300 a year as uncollectible.

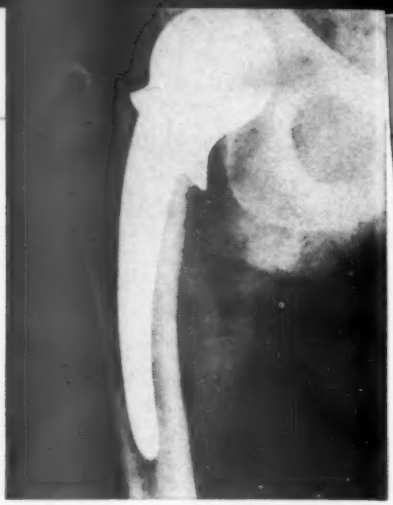
Now, suppose you'd like to join a credit union but there's none at your hospital, and nurses of the area have never formed their own. What can you do about it?

First, you can write to the Credit Union National Association, 1617 Sherman Ave., Madison 1, Wis. This is a nonprofit agency serving state and local credit union leagues. It will send you information on how a professional or employe group can form its own credit union.

After you have this material, you can sound out other thrift-minded R.N.s. Or if you work in a hospital, you can discuss the matter with your supervisors.

Because a credit union handles peoples' money, it's chartered by the government and operates under state or Federal regulations. Usually only seven people are needed [*More on 69*]

What the nurse does *for a . . . patient is important, but what she* is *can be the basic source of a sick person's comfort and strength.—Samuel Southard, "Religion in Nursing" (Broadman Press, 1959).*



Saving the Elderly HIP-FRACTURE Patient

Many a nurse has wished she could get such a patient up and walking early enough to prevent terminal infection. At St. Luke's, in Manhattan, surgeon-nurse teams are doing just that

BY FRANCES BURTON, R.N.

"Bear this in mind," said Dr. Frederick R. Thompson. "Our prosthesis and our surgery do not get the elderly patient up on his feet again. The patient himself does *that* with the help of a skilled nurse. Good nursing care, such as Mrs. Fitzpatrick, here, knows how to give, is often the deciding factor."

I was interviewing Dr. Thompson and Mrs. Alice Fitzpatrick at St. Luke's Hospital in New York City. There Dr. Thompson and other orthopedic surgeons have helped pioneer the new hip-joint replacement technique for the elderly. They've developed a Vitallium* prosthesis that's now used widely by surgeons everywhere.

Dr. Thompson and Mrs. Fitzpatrick, a private duty nurse who works closely with him, are

*A cobalt-chromium alloy produced by Austenal, Inc.

You may remember the time when a disabled hip in old age usually meant early death for the bedridden patient. His circulation slowed, his will to live faded, and terminal infection took over. Soon his life's spark flickered out.

Then, you recall, the bone-pinning technique came along. And what a change it brought! Soon doctors and nurses were able to extend the lives of thousands of the elderly by helping them to become ambulatory again.

But there were hundreds of others whom pinning couldn't help, for one reason or another. So their story went on much as before.

Now the use of a hip-joint prosthesis, developed during World War II, is bringing new hope to many of these former incurables. In the past ten years this prosthesis has helped some 35,000 patients to become ambulatory again.

Here's an up-to-the minute account of the surgery that goes with application of the new prosthesis, plus details of the specialized nursing care needed.

a typical St. Luke's team: The doctor credits the prosthesis, the nurse, and the patient for their successes; the nurse credits the doctor and the patient. It's hard to get either to take much credit for the fact that 93 per cent of the patients who've been treated at St. Luke's for serious hip disabilities are now happily getting around under their own power.

Before we got into the details of hip surgery and nursing care, Dr. Thompson showed me a selection of Vitallium prostheses. These come in various sizes, for right and left hips. Each has a shiny metal ball at the top to fit into the hip socket. A curved metal stem narrows at the tip for insertion into the femur.

"We use the prosthesis only when there's no chance to get proper healing with the patient's own bone," he explained. "Vitallium is excellent, for it's strong

and won't wear out; and it doesn't cause inflammation as other metals may."

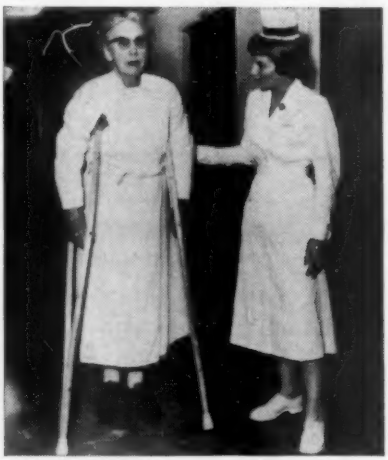
There are three indications for using prostheses in fracture cases, he said:

¶ When a fresh fracture can't be reduced properly and held in place so it heals itself. (For example, when the head of the femur has been sheared off so as to interrupt the blood supply and the sharp, spiked edges get caught in the ligaments, preventing reduction.)

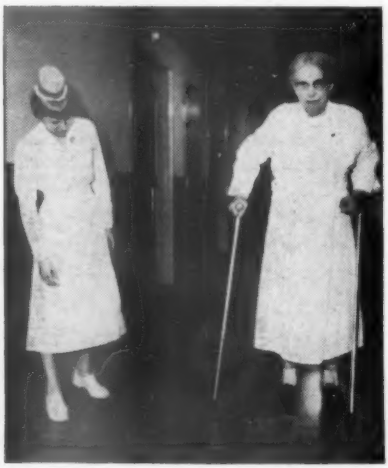
¶ When a fracture fails to heal as it should after being well pinned with a Smith-Petersen nail. (This occurs in 20 to 30 per cent of the cases.)

¶ When the bone heals but begins to crumble seven to ten months later. (This occurs in another 20 per cent of the cases.)

The prosthesis is also used to



BEGINNING *to walk postoperatively, the patient is using conventional crutches. They'll be shortened later to shift her weight from shoulders to arms and hands.*



SWITCHING *to lightweight aluminum crutches, she now gets about with confidence and ease. Forearm braces support her comfortably and free her hands for other uses.*

help certain arthritic patients, Dr. Thompson added. Usually they're persons in late middle or old age who have arthritis as a result of poorly formed sockets, or congenital dislocations, or badly shaped hips.

Special nursing care for all four classes of patients starts as soon as the patient is admitted (or readmitted, in some cases). Preoperatively, the nurse is concerned mainly with relieving pain and seeing that the patient gets the proper food and rest.

"Many times," says Dr. Thompson, "the patient is an elderly woman who has been living on tea and toast. She has osteoporosis (i.e., demineralized bones) caused by poor nutrition plus diminished endocrine activity. She didn't fall and break her hip. Rather, her hip broke spontaneously and then she fell!"

These patients used to show a high incidence of irrational behavior, the doctor says. This was thought to have been caused by shock and pain. "Now we give them intramuscular vitamins the minute they enter the hospital, followed by hormones and a substantial diet—and we don't have much trouble with such behavior."

Giving I.M.s and supervising the patient's diet are important aspects of the nurse's work. "People who are old and lonely tend to stop caring whether they eat or not," the doctor adds. "So the nurse constantly shows them that *she* cares. She can often get them to eat when I can't."

Doctor and nurse work together in preparing the patient psychologically [*More on 80*]

GRADUATING *from crutches at last, the patient happily uses a cane. If all goes well, she'll discard the cane within a year. Here, she and Carol Kehoe,* R.N., *exchange good-bys.*

Is the O.R. Nurse S

Yes, say many R.N.s and M.D.s, but her job is changing fast. Here's why—and what the future may bring

By Frances Elder, R.N.

In the operating rooms of an eastern hospital, an ex-hairdresser, an ex-farmer, and an ex-porter now scrub for surgery. The O.R. supervisor says that the surgeons are so accustomed to having O.R. technicians help them that they don't complain about the nurse shortage any more.

Unusual? No. In more and more hospitals, technicians now scrub, count sponges, and do many other chores that were once the sole responsibility of the R.N.

This trend got its main impetus in World War II when enlisted men and women showed what they could do in the O.R. It has been gathering momentum ever since, helped along by the nurse shortage. And with no increase in the number of nurses in sight, it will probably continue for some time.

To find out what the profession thinks of the growing use of O.R.T.s and how this affects the O.R. nurse, *RN* recently queried nurses, supervisors, and doctors.

Most of them seem resigned to the trend. A New York supervisor sums up the majority opinion thus:

"We prefer R.N.s in our operating rooms. We'd be de-

Still Necessary?

lighted if we could wave a wand and suddenly have five perfect O.R. nurses who wouldn't leave to get married or for other reasons. But we can't solve the problem that easily. So we might as well face facts: We're going to get more O.R.T.s and fewer R.N.s in the operating room from now on."

Why do so many supervisors take this view?

For one thing, they point out that the O.R. has always been difficult to staff. And it has always been the first to suffer from a nurse shortage. Many R.N.s, particularly married ones, avoid it because they can't, or won't, accept night work and on-call duty. And they don't want to take post-graduate training.

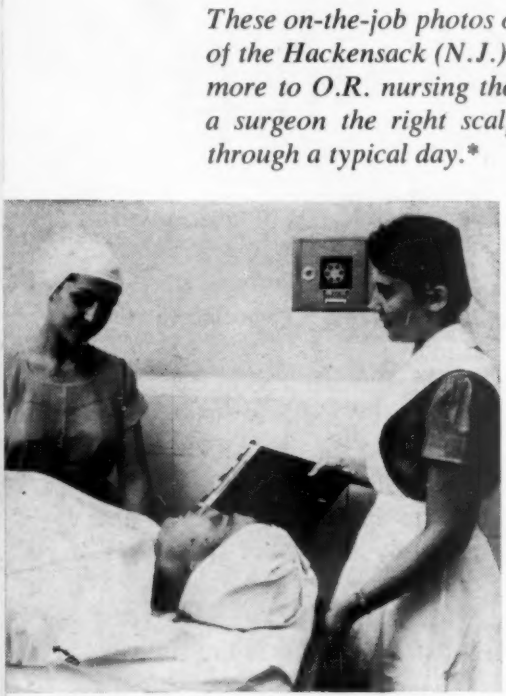
For another thing, say many, a recent change in nursing education has increased their staffing trouble. At many schools, O.R. experience has been cut from the basic nursing curriculum, and this is expected to continue.

One eastern respondent says: "We get graduates who don't know a thing about O.R. technique. Since they like to do work they're familiar with, they just naturally shy away from O.R. duty."

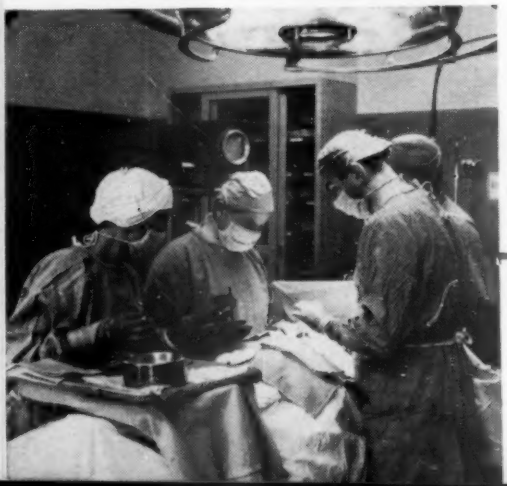
A New Jersey supervisor adds: "New nurses are tired of schooling and eager to start to work. We tell them we need them in the O.R., but first they'll have to attend our classes and do some concentrated studying. They ask about the pay. When they find they won't earn much more (and no more at some hospitals), they think: 'Why should I go to school again? I'll do just as well if I start working right

Busy Day for a Five-Star Performer

These on-the-job photos of Josephine Rollings, R.N., *of the Hackensack (N.J.) Hospital show that there's more to O.R. nursing these days than just handing a surgeon the right scalpel. Here we follow "Jo" through a typical day.**

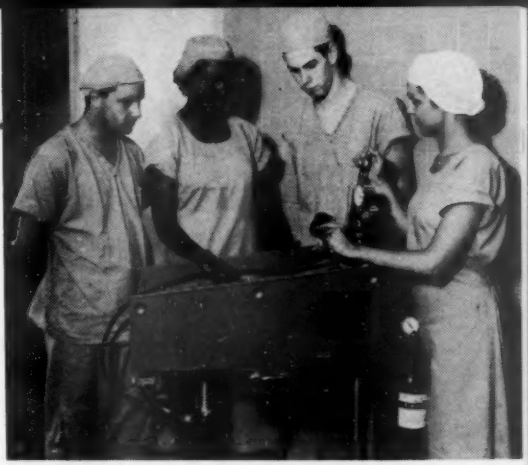


PREPARING: *Jo knows that a warm smile and an encouraging word can mean a lot to someone awaiting surgery. She greets all patients on arrival at the O.R.*

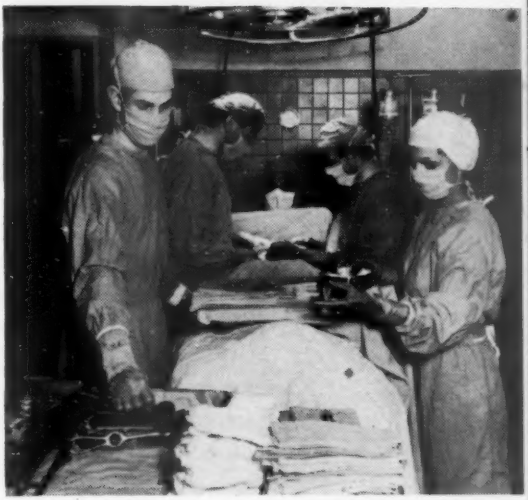


PASSING: *Jo scrubs for all complex surgery at Hackensack Hospital that needs to be done at top speed and efficiency. Here she passes for surgery on a poor-risk patient.*

**RN* thanks Mrs. Jacqueline Willingham, O.R. supervisor at Hackensack Hospital,



TEACHING: *She occasionally instructs O.R.T.s in how to operate equipment. These three may some day have to use the infant resuscitator she's demonstrating to them.*



SUPERVISING: *In less complex surgery, she supervises an O.R.T. (at left) until he knows his job thoroughly and can function on his own as a scrub assistant.*

MANAGING: *During the day, Jo may be called upon to manage the "running of the schedule." Here she answers an intercom call that tells her the needs of a particular room.*

for helping to produce these photos and the accompanying article.

now.' So they say no, and our O.R. shortage persists."

So much for the shortage. Now just what does the profession think of the O.R.T. as a substitute for the R.N.? Here, opinion varies from firm opposition to full acceptance.

What We Can Do To Control Staph

By Vincent Askey, M.D.

We doctors and nurses realize, more than anyone else, that staph is a dangerous disease that can be more lethal than, say, scarlet fever or diphtheria. But I believe we're harboring three dangerous misconceptions about present staph-control measures:

1. We think everyone on the hospital staff understands the seriousness of the situation.

2. We think everyone knows the prescribed rules of aseptic technique and follows them carefully.

3. We think it's excusable if we personally cut aseptic corners now and then.

Each of us, I'm sure, can recall occurrences that illustrate this last point. For example: A doctor may scrub carefully for fifteen minutes—then take off his glasses and look through them to see if they're clean. A nurse may also scrub carefully—then tuck a stray wisp of hair away.

We'll never lick staph until we (1) get rid of our misconceptions and (2) resolve to do the following:

¶ Personally respect *all* rules of asepsis at all times;

¶ Make sure that those who work with us understand that staph is dangerous;

¶ Help them *relearn* aseptic technique, if necessary, and encourage them to practice it carefully. END

THE AUTHOR is President-elect of the American Medical Association.

Says a midwestern surgeon: "I prefer R.N.s to scrub for all procedures under general or spinal anesthesia and for all others that are difficult. For the remaining cases, student nurses are permissible. If no students are available, I'll put up with technicians. But they're poor substitutes."

Adds a Florida anesthesiologist: "Technicians should be used *only* if R.N.s aren't available at any price."

At the other extreme, an O.R. supervisor in the Southwest says: "We're well satisfied with our male scrub aides. They're stronger, have more stamina, and miss work less often than the R.N.s."

How O.R. Teams Feel

Most O.R. team members are middle-of-the-road in their reaction. They accept the technician—but they're careful to point out that such a person has strict limitations.

LuVerne Morck, chairman of the Conference Group for Operating Room Nurses of the American Nurses' Association, defines the O.R.T.'s role thus: "He (or she) is a nursing assistant . . . Whatever his functions [in the O.R.] he must, first, be prepared for the job and, secondly, be supervised by professional personnel."

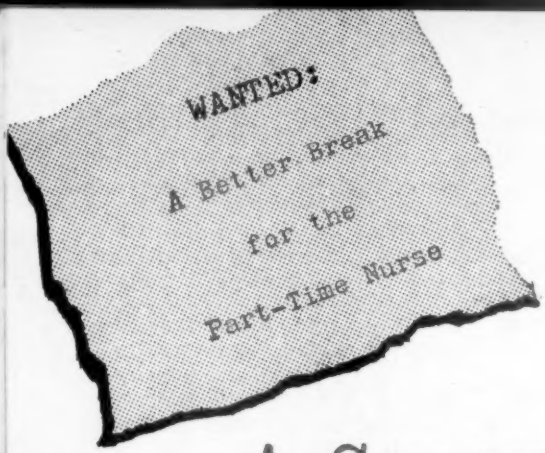
Says an eastern supervisor: "The aide puts the instrument in the surgeon's hand because he's been taught to do this at a certain point in the operation. In contrast, the nurse, with her background knowledge, can anticipate what help the surgeon is going to need."

Edith Dee Hall, executive secretary of the Association of Operating Room Nurses, adds: "You can't expect the technician to understand principles. If anything turns up that's not routine, the professional nurse must be right there, ready to take over."

She further cautions: "The O.R. nurse should bear in mind that when she delegates an assignment to a technician, she is legally responsible if the activity is beyond the scope of the nonprofessional worker."

Clearly, these comments point to a continuing need for R.N.s in surgery—even if their numbers should become more limited and their duties should change somewhat.

Says an Ohio [*More on 72*]



A Second Look at P

Part-time nurses feel that many of our hospitals are deliberately ignoring an obvious means of easing the nurse shortage.

In an August RN *article ("Wanted: A Better Break for the Part-Time Nurse"), some of these R.N.s remarked that many inactive nurses would gladly work part time* if *hospitals would hire them at hours when they can work.*

But, said the part-timers, these hospitals just won't modify their "saintly schedules."

Other hospitals, they added, are content to get by with a limited number of part-timers whom they (1) hire for a full shift only, or (2) use mostly for nights and weekends, or (3) otherwise treat as inferior members of the nursing team.

These and other assertions—all made in the interest of easing the nurse shortage—didn't go unchallenged for long. Here, in summary, is what R.N.s the country over have said in letters to the editors of this magazine.

Part-Time Nursing

"As I read your article my temperature rose high enough to pop a thermometer. *Our* 'saintly schedule' indeed! We constantly work in the part-time nurse around *her* 'saintly schedule' of baby's feeding, Junior's school hours, and daddy's night off. A bit of sacrificing by the part-timer is long overdue!"

Thus does an irate nursing director* in Wisconsin unload her mind in response to a part-timer's comments about scheduling. Nurse supervisors, hospital administrators, and full-time and part-time rank-and-file nurses also spoke up just as frankly on many aspects of the problem.

*All persons quoted are R.N.s unless otherwise indicated. The editors have respected the requests of most to remain anonymous so that their relationships with fellow nurses won't be jeopardized.

Statistically, part-timers can be happy about the opinions expressed. After airing their gripes, three-fourths of the correspondents end up praising the part-timer and saying they can't get along without her. The others make it clear they appreciate the reliable part-timer. But, they say in effect, too many times she'll work only at *her* convenience.

"She ignores the fact," says a New York supervisor, "that people are sick day and night, seven days a week, holidays included."

Even inactive nurses feel so strongly about this subject that many of them wrote *RN*. Half say the part-timer is an asset to nursing; the other half say she's a liability. Here's a typical comment from each side:

For—A New Jersey R.N. who plans to do part-time nursing when her health permits: "During my hospitalization I saw part-timers giving better nursing care than the regulars. And some of them made personal sacrifices to help the nursing office. One switched her days off to cover for absent regulars. Another willingly answered emergency calls on her nights off."

Against—A California mother who expects to return to full-time nursing: "The part-timer often works only three or four hours daily. Usually she's out of practice, and she's slow. When her time's up, off she goes, leaving her unfinished work for a staff nurse to complete."

Directors Disagree

Nursing directors and hospital administrators make similar comments, both for and against the part-timer. Here's a sampling:

For—A Chicago director: "Our part-timers are a blessing. I can depend on them to fill in on holidays and week-ends, and to help in emergencies."

Against—A Mobile (Ala.) administrator: "I question the professional integrity of the R.N. who states she can be of benefit to a patient-care team by working only three or four hours daily, a few days a week. She can't even learn patients' names in such a limited time, much less do anything else that's of benefit!"

As might be expected, directors take more kindly to the part-timer than do administrators. Three-fourths of the directors say she's a definite asset. Half the administrators deny this.

Views on Split Shifts

Scheduling, of course, is a major problem of both groups. The following two administrators give typical viewpoints on the touchy subject of split-shift scheduling:

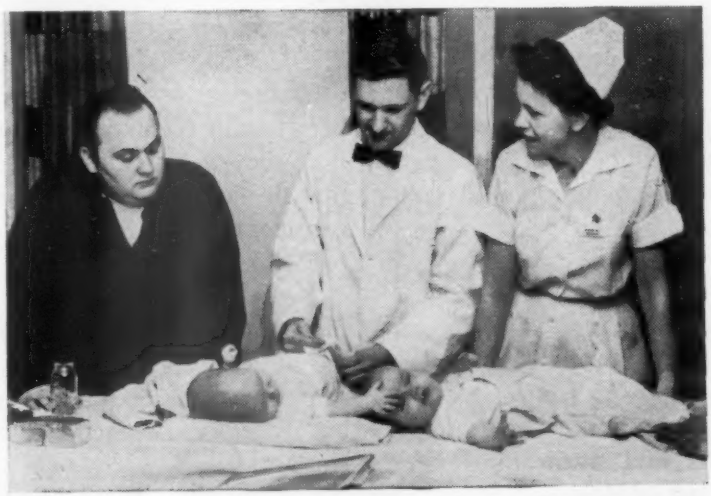
For—A midwesterner: "Providing good patient-care and a reasonable workload for everyone is more important than ease of scheduling. Part-time R.N.s —even those with difficult home schedules—can be used for less than a full shift in two situations: (1) where the workload is heavy during a part of the regular shift, and (2) where this heavy load overlaps with other shifts, such as the O.R. shift."

Against—A southerner: "To use R.N.s on a split-shift basis just won't work. Why? Because nearly all such nurses will work only on the day shift, so the evening and night shifts go uncovered."

These and other contradictory viewpoints usually reflect the personal experiences each writer has had with part-timers. The writer is also influenced by which side of the fence he or she sits on.

More part-timers than all other nurses together wrote *RN*. Naturally enough, the part-

Real Babies Model For Expectant Parents



Hospital-sponsored classes for expectant parents lack realism when dolls must be used for demonstration. So at MacNeal Memorial Hospital in Berwyn, Ill., dolls are out. Instead, recent "graduates" of the newborn nursery are brought back by cooperative mothers to serve as models. Here an expectant father-to-be attentively watches an M.D.-R.N. demonstration of diapering in duplicate, courtesy of MacNeal-born twins. END

timers voted unanimously that they *do* deserve a better break *as a group*.

This doesn't mean that individually they're 100 per cent against the present treatment of part-timers. Far from it. Here's the actual score: a fourth complain of their treatment by hospitals, another fourth make no comment, and the remaining half say the hospitals treat them fine.

Apparently few rank-and-file, full-time nurses are interested in the problems of the part-time nurses. For very few full-timers took the trouble to write *RN* about them. Those who did turned thumbs down on the part-timers. Here are typical comments:

Full-Timers' Gripes

An Ohioan: "They mean added responsibility for us. We're forever having to keep them posted on changes in conditions and medications since they last worked."

A Pennsylvanian: "They just won't work nights and week-ends. We regulars have to work every other week-end, or oftener, to keep a minimum force on hand."

A Texan: "They work only for their pay check so they can have luxuries the rest of us can't afford."

These three reactions may well result from an administrative situation a Detroit nursing director warns against. After praising her part-timers highly, she points out that they must, and do, work when the hospital needs them. She adds:

"Heaven help the nursing director who tries to build up her understaffed force by scheduling part-timers at *their* convenience! She'll soon find staff morale dropping to zero. And some of her faithful regulars will leave. For they feel—and rightly—that they're entitled to as much consideration as she gives the part-timers."

Now, what do the part-timers themselves have to say? First of all, at least some of them approve one or more of the following scheduling practices they work under:

Schedules They Like

1. A strict full-shift schedule. Comment by a New Jersey R.N.: "We punch a time clock, but we don't resent this; for everyone else [*More on 76*]

Loveworn Toys Are Best

By Peggy Card, R.N.

We in the Pediatric Department of Palo Alto (Calif.) Hospital believe our child patients have been entrusted to us by parents who love them dearly, leave them reluctantly, and worry about them until they're home again. So we do everything we can to reassure both the parents and our young patients during the children's stay with us.

This task is made easier with the help of toys. We view toys as a real therapeutic aid—not as a necessary evil we must endure.

To help parents select suitable toys and also to convince them that we're truly interested in their children, we've developed a few useful techniques. For instance:

When a mother asks "What shall I bring for Jimmy to play with?" we answer: "We know you'd like to bring him all sorts of new toys; but wait until later. Right now the hospital is a strange and frightening place. Jimmy needs the reassurance of familiar things.

"Bring him the beloved Teddy bear he hugs for comfort, or the stuffed puppy he takes to bed with him. Loveworn toys are best."

If a child is with us for a long stay, we encourage the parents to bring him a number of small toys rather than a large, expen-

sive one. We like to tell them about Denny's widowed mother who had to work and could visit only on Sundays.

Each week she bought seven small toys at the five-and-ten. Then she wrapped each one in gay paper and wrote the name of a different day of the week on it. You can imagine Denny's happy anticipation as the time drew near for each surprise. He didn't have much chance to get lonely.

Sometimes when a hospital stay drags on, the youngsters receive toys in quantities that are absurd. Take Marcia, as an example:

Marcia had been with us so long we almost had to excavate to find her. Too many toys were making her confused and irritable.

At our suggestion, Marcia's mother took most of the toys home. Then she brought back one or two each day. She changed them often, rotating the old fa-

My Most Unforgettable Pa

As a first-year student at a New York City hospital in World War II, I was secretly terrified each time I had to care for a patient. I lived in dread of the day when I would be completely on my own.

Finally that day arrived, and I found myself on duty in a genitourinary ward where many of the patients were typical Bowery outcasts. Fortunately, a male R.N. made regular tours of the

vorites. Marcia, mother, and nurses were all happy with this arrangement.

Of course, picking up toys for twenty or thirty children can become a chore of major proportions. So we suggest that parents bring a shoe box or a child's small suitcase as a "toy depot." With this at hand, the small patient can reach for the treasures he wants or put away others so they won't be lost under the sheets or under the bed.

If parents ask us, we're glad to suggest a list of preferred toys. Magic slates are popular. So are toy soldiers, paper dolls, coloring books, beads to string, etc. The list is a long one, for most kiddies are easy to please.

We often tell mothers about Paul, whose mother brought him a magnifying glass. With it, he eagerly studied his pills, the weave of the sheets, water in his drinking glass—everything he could reach. [*More on 64*]

le Patient

BY DOLORES CAMMARATA, R.N.

ward, and his presence bolstered my confidence. So even though my hands often shook as I cared for my patients, I managed to get by.

The center of attention in the ward was a tall young Pole who had beautiful chestnut hair bobbed at the shoulders. He'd suffered many hardships as a Polish underground fighter. Finally he'd escaped to America by disguising himself as a woman. Now he was well enough to be up part of the time. Though he spoke very little English, everyone liked him.

Soon I was shifted from day to night duty in the same ward. This time there was no male R.N. at hand. I was terrified all over again. And though I tried to hide my fear, I was sure my patients sensed it.

The second night a patient hemorrhaged. I frantically call-

ed the supervisor and resident. Somehow I managed to carry out their orders until the hemorrhage was under control. When they'd left, I slumped at my desk, head in hands, ready to weep.

Suddenly a hand rested reassuringly on my shoulder. Startled, I looked up into the face of my Polish patient. He smiled encouragingly.

'Never Be Afraid'

"You never be afraid," he said. "You good nurse. I help while you rest." Then he gave me a reassuring pat and left to empty wastebaskets and do other routine tasks he'd seen me do.

Thereafter my new friend was often at my side. Though we spoke very little due to the language barrier, he always had a warm smile when I needed it most. If a patient became noisy or unruly, he swiftly took charge and soon the ward was quiet.

After a time my assignment to that ward ended. I never saw my unforgettable patient and friend again. But his sincere "You never be afraid; you good nurse" instilled in me the beginning of the self-confidence I so sorely needed to continue successfully in the profession I had chosen as a career. END

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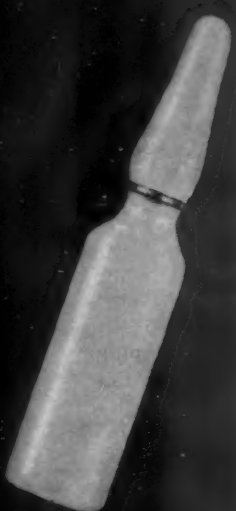

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Loveworn Toys Are Best

Continued from 61

Before he tired of this diversion, his wise mother then brought him a small magnet. Once again he had hours of fascinating fun. He picked up our stray bobby pins, coaxed scissors out of our belts, and made his magnet dance merrily along the bed rail.

In suggesting toys, we tell mothers they'll win our lasting gratitude if they'll skip the modeling clay that always seems to turn up on the soles of nurses' shoes. And we suggest that if they bring a model kit, they check it first to be sure everything that's needed is in it.

We tell them how unhappy small Richard was when he had all the pieces of his model plane laid out carefully on his bed—then, no glue! We had quite a time convincing him he really couldn't run down to the store for it, even if he did promise to come right back.

While we're talking about toys

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to entertain the children, we remind mothers that children often like to do their own grooming. A little girl needs a comb, brush, bright ribbons, and a small mirror. (Unbreakable war-surplus mirrors are wonderful for hospital use.) A little boy also needs a mirror—so he can see what happens when he uses a comb.

A Tonic for Tots

Supplying a boy with a tube of hair tonic all his own often does wonders for his morale. We still remember with affection the dark-eyed pixy who used to clutch his tube of brilliantine like a lifeline. Whenever one of us approached with hypodermic or medicine, he would boost his courage by applying a dab of tonic to his already well-brilliantined hair. When he left us he was well-greased but happy. And that's what counts.

By treating children with humor and understanding, and by treating parents as if they know their children better than we (which they *do,* of course!), we've been able to develop a relaxed, friendly atmosphere. This not only helps our small patients and their parents, but it also makes our work a whole lot more enjoyable. END

New Help in Solving Your Money Problems

Continued from 43

to apply for a charter, but most states require seventy-five to a hundred potential members. In any event, once your group shows an interest, the C.U.N.A. will, on request, send a representative to help you apply for your charter and start operations.

Your organization will include officers plus the following, elected from your membership: (1) a board of directors, (2) a credit committee to screen loan applications, (3) an auditing committee to go over the books. By law, all officers except the treasurer serve without pay.

Once you have your charter, you can start saving or borrowing, as circumstances direct. And if you don't like the way things are being run, you can make a change at any time by majority vote.

One of the unexpected benefits that come from a hospital credit union is this: Hospital patients as well as credit union members reap a benefit. William N. Wallace, administrator of the

Miller Hospital in St. Paul, says:

"A credit union helps humanize the hospital organization. It boosts employe morale. This, in turn, tends to result in better patient-care." END

You Need to Know *Why* —as Well as *What*

By Carolyn Webb, R.N.

Those who say a nurse needs only a nominal education are harboring a dangerous delusion. They assume a nurse simply carries out the doctor's orders—and that's that.

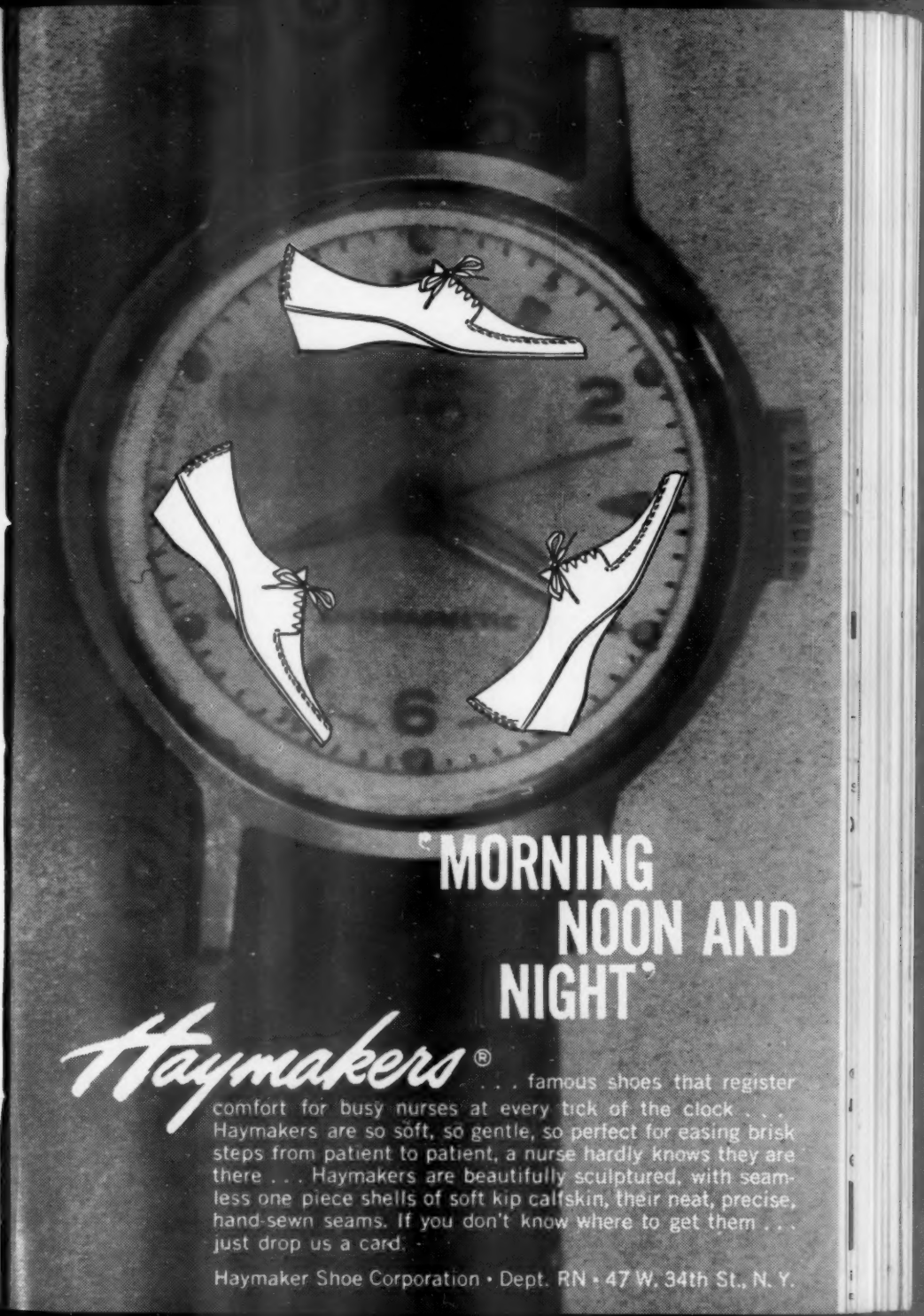
Of course she carries out his orders! But for her patient's sake, her thinking mustn't stop with *what* she's told to do. She must know *why*. Consider these cases:

A nurse reads an order to give 1,000 cc. of dextrose solution by clysis to a 2-month-old baby. She knows this is too much fluid by body weight, so she phones the doctor. He thanks her and reduces the order to 250 cc.

Another nurse is puzzled by a patient's violent nausea. Using her knowledge of drugs, she suggests that the narcotic the doctor ordered may be the cause of the trouble. He changes the drug and the nausea ends.

A third nurse notices that a hydrocephalic child is restless. She has orders to give him a sedative as needed, but she checks him closely first. She sees that his pupils are fixed and don't react properly. Recognizing symptoms that may mean pressure on the optic nerve, she calls the doctor. He verifies her observation and does a Fontanel tap.

In each case the nurse's knowledge made her ask *why*. Then it gave her an answer to be checked with the doctor. This is true nursing. Anything less is . . . what? END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The O.R. Nurse: Is She Still Necessary?

Continued from 53

anesthesiologist: "Not even the best-trained technicians are competent to replace R.N.s. But they can be used to extend her usefulness."

Just what *is* the nurse's future role, then, in this changing scene?

Most respondents say that she's now doing, or will be called on to do, the following:

1. Continue to scrub for emergency and complex surgery.
2. Serve as a team leader, supervising O.R.T.s for routine surgery.
3. Train O.R.T.s.
4. Coordinate or manage O.R. services.

And what of her relationship to the patient? On this question, opinion varies:

Some would restrict the few available O.R. nurses to the care of the patient in the operating room. Others, with more trust in

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Philadelphia 1, Pa.

their technicians, would release their O.R. nurses to help prepare patients for the O.R. experience, then follow up on nursing care. This they would do by making wider use of the O.R.T.s.

Taking a stand for O.R. nursing only, a Kentucky doctor affirms that the O.R. nurse is a skilled specialist whose sole concern should be the sedated or unconscious patient. He says she has no business caring for surgical patients outside the O.R.

An eastern supervisor agrees. "Her job in the O.R. is big enough in itself. It's impractical to have her visit patients on the wards."

Their Duties Are Varied

On the other side of the argument, a Texas supervisor reports that her O.R. nurses do preps and pre-op medications. They also visit patients and their families after surgery.

"Our O.R. nurses are skilled

in assisting the surgeons," she says, "but they're equally skilled in the arts of nursing, management, and supervision. The urgent need throughout the profession today is for more O.R. nurses who are well prepared in *all* these fields."

No More Cleaning Up

A Missouri supervisor says her O.R. nurses formerly scrubbed in the mornings, then spent their afternoons cleaning up. Now the O.R.T.s do these afternoon chores. The R.N.s make the rounds with the anesthesiologists, getting to know their patients better.

"Since we've shifted our emphasis to teaching, supervision, and patient-centered care," she adds, "our nurses do better work and stay with us longer."

Whether the nurse's place is solely in the O.R. or in the O.R. *and* the surgical wards is a moot question. "But one thing seems certain," says an observer. "Whether the O.R. nurse likes it or not, she's going to be moving farther and farther away from the Mayo stand. As technicians enter the O.R. in ever greater numbers, she'll be doing more teaching, supervising, coordinating. And she'll scrub *only* for complex surgery." END

A Second Look At Part-Time Nursing

Continued from 58

punches in and out just as we do . . . Recently we got a $1 raise without asking for it, so now we're making $14 a day plus a good meal."

2. A somewhat flexible full-shift schedule.

A New York R.N.: "I work the 11-7 shift from one to three nights weekly . . . I'm always welcomed. If I can't continue for personal reasons, I just inform the supervisor how long I expect to be off."

3. A split-shift schedule.

A Florida R.N.: "When I had to quit working full time, the hospital wouldn't take me on a part-time basis. Two years later, they woke up and called me in for a split shift, three evenings a week . . . We 'floats' are well liked and appreciated. It's the best duty I've ever had."

4. A mixed-hours schedule.

A California R.N.: "I worked

at one hospital for two and a half years at odd hours that I could manage. Then a new director caused trouble. Now she has lost most of us part-timers. The regular staff is overworked, and patients and doctors complain . . . I've changed to another hospital that's glad to have me on call."

Now, just what does the part-timer object to most often? These two comments summarize the complaints that are mentioned most often:

A New Jersey R.N.: "The full-timers look down their noses at us . . . We're constantly moved from one unit to another where patients and their treatments are new. This isn't fair to the patient or to us . . . We don't get any fringe benefits . . . Everyone else gets a raise each six months, but *we* get the grand amount of two cents an hour once a year!"

A Pennsylvania R.N.: "I'm fed up with the Part-Time Deplorables vs. the Full-Time Favorites . . . Too many supervisors want the part-timer just to fill hours the full-timer wants to avoid. I've filled in for illnesses, vacations, and holidays. I've helped in a flu epidemic and when a snow storm kept others away . . .

"I'm tired of a 6 P.M. work call, a neglected family, a factory worker's pay check that mocks my post-graduate education. If the hospital doesn't soon recognize the value it receives—well, I've had it!"

Low pay is a major sore spot with part-timers. Many suggest that more inactive R.N.s would help out if the hospitals would give part-timers two things: (1) paid vacations and sick leave, prorated on the formula used for the regular staff; and (2) extra pay for week-ends and holidays.

A Massachusetts head nurse endorses the extra-pay idea. "It would draw more part-timers to help cover the critical days," she says. "And it would promote better feeling between part-timers and staff R.N.s."

A California part-timer adds this suggestion: "Why not advertise in the newspapers to get the names, addresses, and phone numbers of every inactive R.N. in the area? Just letting local nurses know they're needed would bring out many of them. Then the hospital could ask each nurse if she would be willing to work, and at what hours. This procedure just *might* help ease the nurse shortage considerably!" END

Saving Elderly Hip-Fracture Patients

Continued from 47

for the operation. Dr. Thompson tells the patient exactly what he's going to do, how much discomfort she can expect, and how long it'll take her to get back on her feet.

"I tell her she'll be on crutches for nine months. Then, later, if she manages to put her crutches in the corner after three months —as many do—she feels mighty pleased with herself!"

As the time approaches for the operation, Mrs. Fitzpatrick continues to reassure the patient, repeating the same information Dr. Thompson has given. "We've found that straight, clear explanations help reduce the patient's anxiety," she says. "But our information must agree in every detail, or the patient becomes upset."

Up to the final pre-op prepping, the nurse is alert for possible fecal impactions, a com-

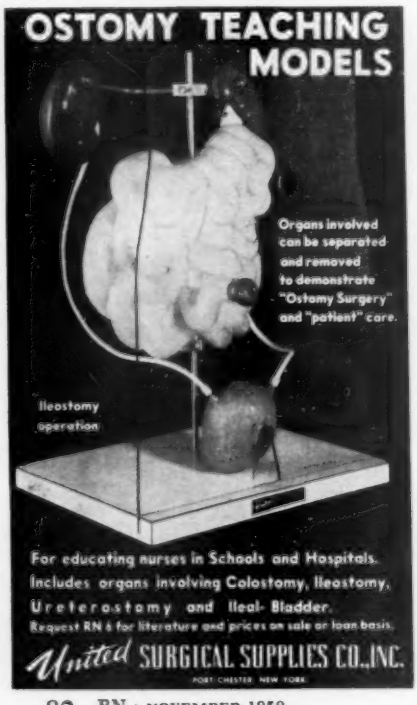
on hazard for these patients. he skin prep itself extends om the xiphoid process anteri- ly and the upper lumbar verte- ae posteriorly right on down the knee, fore and aft.

Supine Position Used

In surgery, Dr. Thompson efers having the patient in a upine position. This causes less lock, he feels. It also permits n anterior incision so he oesn't have to cut any muscles eeded for walking.

After making the incision, he eparates the muscle planes. Next, he cuts a large right-angle flap in the muscular-fibrous capsule that holds the femur head in the hip socket. If the socket lining shows signs of arthritis or sclerosis, he scrapes out the socket. Then he drives the shaft of the prosthesis into the medullary cavity of the femur, being careful to avoid fracturing the bone.

An assistant pulls down on the patient's leg, and Dr. Thompson eases the head of the prosthesis into the hip socket. He closes the capsule firmly with chromic catgut. Finally, he sews



up the muscles, fascia, and skin.

Now the post-op nursing care begins. Mrs. Fitzpatrick says the nurse on the case has five major responsibilities:

1. Relieving pain.

Dr. Thompson doesn't believe in letting patients suffer, so he tells each one: "It's the squeaky hinge that gets the grease! Tell your nurse whenever you have any pain."

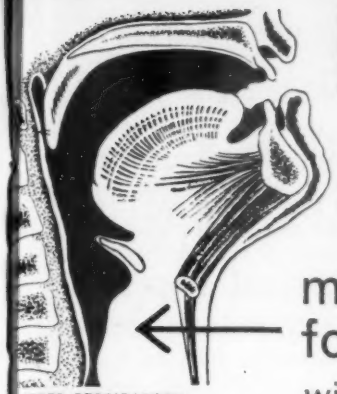
For the first few days the nurse gives meperidine hydrochloride (Demerol). Actually codeine and aspirin would be adequate, but she avoids them because they might mask early signs of infection.

2. Watching for complications.

Danger Signs

The nurse reports at once to Dr. Thompson if any one of the following signs occurs: (1) elevated temperature, (2) coolness or a dusky color of the operative foot, (3) unusual pain in the hip, (4) unusual limitation of hip motion.

Edematous swelling, palpated on the inside of either knee, may indicate thrombophlebitis and require anticoagulants. Occasionally, traumatic arthritis develops in the socket side of the joint. If this happens, Dr.



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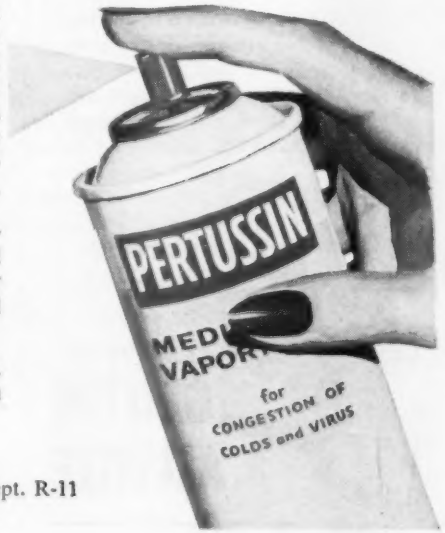

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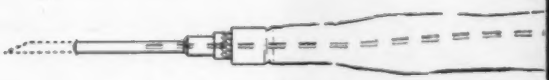
Thompson opens the incision, takes the prosthesis out of the acetabulum, reams out the diseased area, and puts in a smaller prosthesis.

Immobilizing the Joint

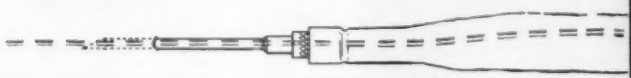
In cases of severe infection, he may have to remove the prosthesis in what's called Colonna's salvage operation. Instead of replacing the prosthesis, he does an ankylosis (immobilization), joining the top of the greater trochanter to the side of the hip socket. The patient's affected leg then heals about an inch shorter than the other. (Fortunately, this operation is seldom necessary.)

More

HOW THIS INGENIOUS UNIT **SIMPLIFIES** INTRAVENOUS THERAPY



Sharp, sterile needle makes venipuncture with minimal discomfort. **Eliminates venous cut-down** and possible sacrifice of the vein.



Pliant catheter, within lumen of needle, is advanced about 2" into the vein by simple manipulation. Flexible plastic sleeve protects sterility of catheter. **Eliminates scrubbing and gloving.**

Needle is withdrawn, leaving catheter in the vein. The needle hub then becomes an adapter for any intravenous therapy set. **No armboard or other restraint is required** . . . danger and discomfort of a sharp, rigid needle in the vein is avoided. As the Intracath may be left indwelling for several administrations, there is **less trauma, minimized reaction, and the need for repeated venipunctures is reduced.**

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3. Keeping the patient active.

Although activity both in and out of bed must be regulated by what the patient can tolerate, all patients are kept as active as possible. This accomplishes two purposes, says Mrs. Fitzpatrick: (1) it helps the patient avoid skin and bowel complications, and (2) it prevents her from developing an "invalid attitude" that might later be extremely hard to overcome.

Exercise Begins

The nurse immediately starts a regimen of turning, positioning, and flexing all the extremities except the affected hip. Then comes sitting up and dangling. Soon she starts the patient on exercises to help prepare for crutch-walking.

"The patient is apprehensive and needs to be told beforehand about each new step," says Mrs. Fitzpatrick. "I introduce the idea by saying, 'Before long you'll be doing so and so.' Then I give her time to think about it. Next thing you know she says, 'Why don't we try doing that today?' "

Exercises begin with flexing and extending the arms and manipulating various shaped objects. Then the patient learns to raise herself from the waist up

on elbows and arms and to pull herself up on the bed trapeze.

4. Helping the patient learn crutch-walking.

To bolster the patient's confidence, Dr. Thompson teaches her the first lesson in crutch-walking. Then the nurse works with her daily to help her develop a smooth, safe gait.

Objective: the Bathroom

The first aim is to be able to get to the bathroom. (This is what the patient wants most.) Toilets usually are too low for comfort, so the nurse straps a bedpan to an ordinary straight-backed chair. At this height, the patient can flex her hip at a comfortable angle and tolerate the position for as long as necessary.

The nurse helps the patient develop habits of sitting, standing, and walking that are best suited to her limitations. For instance, when the patient begins to use the washbasin, the nurse shows her how to stand so the affected hip takes less of her body weight.

5. Preparing the patient to go home.

As the final step in training, the nurse makes sure the patient understands how important it is to maintain an adequate diet and regular elimination. She also in-

structs the patient's family in the importance of keeping the home free of loose rugs, scattered toys, and other hazards, that could cause a bad fall.

Outlook for the Patient

As our interview drew to an end, I asked Dr. Thompson what results the prosthesis usually accomplishes. "Fortunately," he said, "it seems to work better the longer it's in use. Within several months the patient graduates to aluminum crutches with hand grips. By the end of the year, she's at ease with a cane. By the

end of the second or third year, she has often regained full independence."

"Does this mean that a patient who needs to work can go back to his job?"

"Occasionally. And sometimes back to golfing. Nearly all go back to driving a car."

Actually, as I found out from Mrs. Fitzpatrick, Dr. Thompson is much more reticent than his patients are to discuss the success of his surgery. To many of them, being out of bed, free from pain and able to climb stairs and go to the bathroom are wonderful blessings in themselves. All else is an added bonus.

As I got up to leave, Dr. Thompson told me with a smile: "We'll probably never develop the perfect artificial hip or the perfect training regimen for our elderly patients. But we'll keep trying to, just the same!" END

Future Work-Saver for R.N.s

This pilot model of a new self-irrigating suction pump is said to eliminate manual flushing of Levin and Cantor-type tubes. It thus provides continuous suctioning in gastrointestinal conditions that require intubation.

The device flushes the intubation system automatically at intervals of fifteen, twenty, or thirty minutes.

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You may write on *any* subject—preferably from your *own experience*—that you feel other nurses would like to read about. Looking through past issues of *RN* will help you get ideas. Examples of such ideas:

- An experience with a patient that inspired you or taught you something;
- A nursing technique or method you've learned that other nurses would find helpful;
- How you (or a nurse you know) have successfully coped with a personal problem related, for example, to your pay or your professional advancement or your working conditions;
- Some unusual and worthwhile step your local (or other) nurses' group has taken to help the nursing profession;
- What it's like to work in a particular nursing specialty or to nurse in an unusual situation.

Your article will have the best chance of winning an Award (a) if it's chock-full of *specific examples, cases, anecdotes, and experiences;* (b) if it does not preach or lecture the reader; (c) if it's written conversationally and simply yet colorfully; (d) if it does not exceed 1,500 words.

• • •

Entries must be postmarked no later than Jan. 31, 1960, and addressed to Awards Editor, *RN*, Oradell, N.J. Manuscripts should be typed, double-spaced, on one side of the paper, and accompanied by a self-addressed, stamped envelope.

All manuscripts will be acknowledged, but those rejected may not be returned until after the close of the contest. *RN*'s editors will be the judges; their decisions will be final.

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(— In: Clinical Nutrition ed. by Norman Jolliffe et al. New York, Paul B. Hoeber, Inc., 1950, pp. 590-91, 637-38.

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Blood-Building B-Vitamins and How They Work

Continued from 36

destruction behind a blood picture that seems normal.

In spite of this drawback, folic acid is useful by itself in treating many conditions. In sprue, for example, or in celiac disease, severe diarrhea seems to keep the patient from absorbing dietary folic acid. But when he's given pure folic acid, his blood quickly improves.

Because a lack of the blood-builders can lead to so many ills, doctors are trying these vitamins even when they can't find a clear-cut deficiency. Also, the proven safety of the blood-builders encourages this practice.

It Benefits Children

Pediatricians have tried adding B_{12} to the diet of undernourished children. Though such supplements don't seem to do much for normal youngsters, they're reported to put pounds

A double-blind range-of-motion study[1] has reaffirmed the exceptional analgesic action and safety of BEN-GAY® in rheumatoid arthritis, osteoarthritis, bursitis, and allied disorders—and its usefulness in muscle and joint pain due to exertion and exposure.

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1. Brusch, C.A., et al.: Maryland M.J. 5:36, 1956.

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One point needs special emphasis. Research has established that the entire envelope of Knox Gelatine (120 grains) must be taken in a single dose to provide the dynamic effects necessary to correct the brittle nail defect. Consequently, fractional or divided doses are contraindicated. If you would like to examine the substantiating studies just use the coupon below.

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- ☐ 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- ☐ 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- ☐ 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- ☐ 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

Your Name and Address

and inches on underweight and growth-retarded ones. And it's claimed that chronically ill children become more alert and better behaved when they get B_{12} regularly.

More Neurological Uses?

Neurologists too are investigating B_{12}. They reason that if this vitamin overcomes nerve-damage symptoms in pernicious anemia, it might work against similar symptoms resulting from multiple sclerosis and from other afflictions of the brain and spinal cord.

Dozens of other potential uses for B_{12} are now being tested. And as testing and research continue, therapy in this area probably will continue to improve.

They're Lifesavers

But for the present, both doctor and nurse are glad they have the effective new blood-builders. For these powerful biological principles are restoring the health and saving the lives of many whom vitamin deficiency would have condemned to invalidism or early death just a few short years ago. END

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WHAT'S NEW IN *Drugs*

New Cousins of the Aspirin: The patient who can't take aspirin because it upsets his stomach can now try two of its latest chemical cousins. Both are claimed to be safe, swift, and effective.

The first, calcium acetylsalicylate carbamide (*Calurin*), reportedly dissolves completely, leaving no particles to irritate the stomach's lining. The second, choline salicylate, is a liquid. It comes as drops for children (*Actasal Pediatric*) and in a more concentrated solution for adults (*Arthropon Liquid*).

Enzymes from Sweetbreads: Gourmets who enjoy sweetbreads may find them getting scarcer some day if two new drugs become popular. Both are produced from the pancreas of cattle, the "stomach sweetbread" of the meat counter.

One of these protein-splitting enzymes, *Orenzyme*, comes as a red tablet containing the pancreatic enzyme, trypsin. Formerly, trypsin was thought to be inactive when given by mouth. Now it's claimed that enteric-coated trypsin tablets actually reach the intestine intact.

Isotope studies are said to show that the trypsin gets into the blood

and is carried to tissues all over the body. It reportedly helps break up inflammation and speed healing in all sorts of illnesses.

A related enzyme, alpha chymotrypsin (*Alpha Chymar*), is claimed to make cataract-removal operations safer and simpler by loosening the ligaments that hold the clouded lens. This lets the eye surgeon suction out the lens in a few minutes instead of forcing it mechanically as he formerly did. Patients reportedly recover in two or three days as contrasted with a previous ten days.

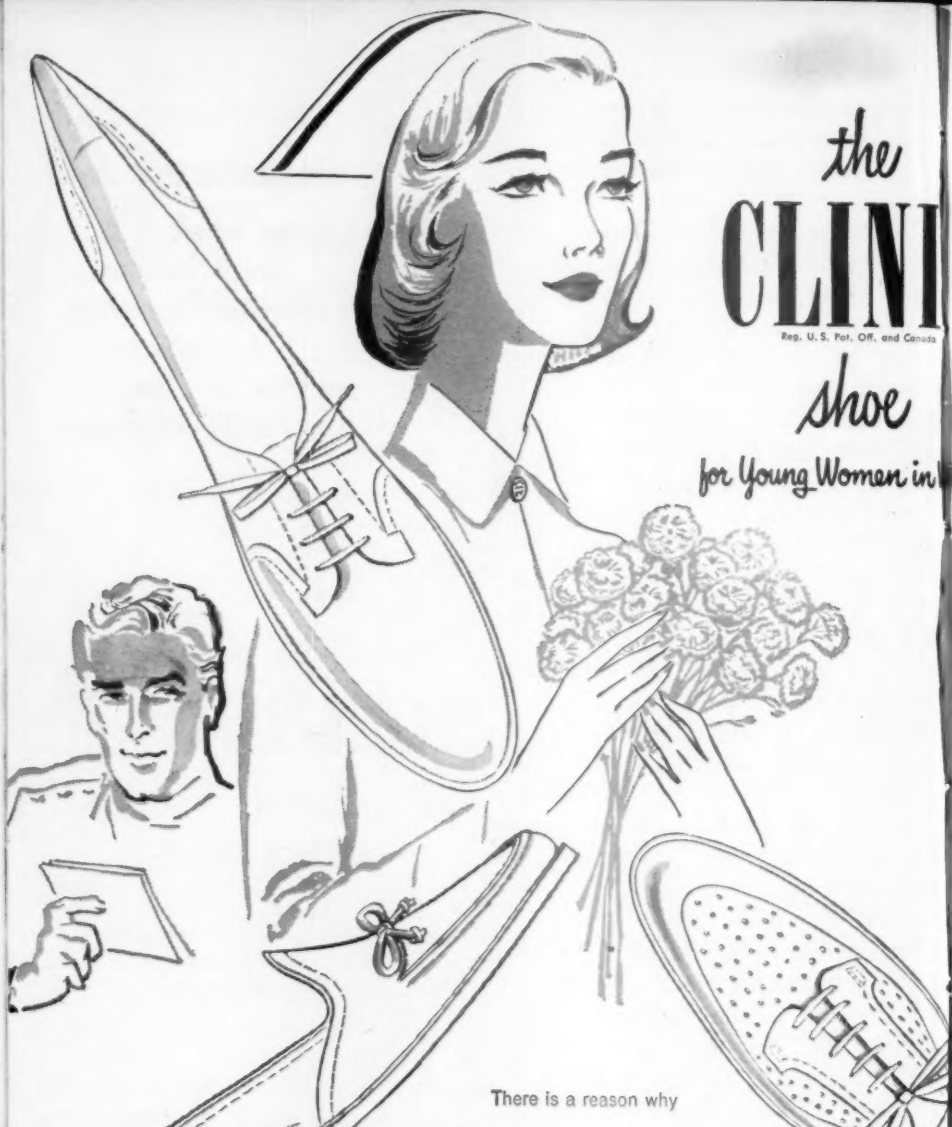
For Dry-Field Heart Surgery: A recently marketed heparin-neutralizing chemical, hexadimethrine (*Polybrene*), is said to make this type of surgery safer. Here's how it's used:

During the dry-field operation, the patient's blood is shunted through a heart-lung machine to bypass the open heart. Since there's danger of clotting while the blood is in the machine, surgeons add heparin, an anticoagulant.

After the operation, left-over heparin in the blood can be hazardous if bleeding occurs. So the surgeons inject hexadimethrine to tie up the excess heparin.

Reports say the drug is also useful if a patient accidentally receives an overdose of heparin or needs emergency surgery after he's been heparinized.

—MORTON J. RODMAN, PH.D.



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FOR CALIFORNIA HOSPITAL: Treating pulmonary and chronic diseases (rehabilitation), children and adults. Supervising Nurse $371 to $439., Staff Nurse $332 to $392. Eligible California Registration. Excellent working and living conditions, Sierra Nevada foothill area. Write Director of Nursing, Tulare-Kings Counties Hospital, Springville, Calif.

FREE TRANSPORTATION FOR REGISTERED NURSES: Spend your Winter in the Sunny Southwest, in New Mexico, "The Land of Enchantment." Vacancies for staff duty on Med.-Surg., O.B., Pediatrics and O.R. Free transportation via 1st Class Air to Albuquerque and return in exchange for 1 yr. employment contract. Apartments available at $43 per mo. Excellent job benefits, no shift rotation. Salaries $300/mo. to start, $15 differential evenings and nights. Write or call Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue S.E., Albuquerque, N. Mex. Phone CHapel 3-5611.

GENERAL DUTY NURSES: 100 bed County hospital, accredited JCAH. San Joaquin Valley, 40 hr. wk., liberal sk. lv., 3 wks. annual vacation, 12 annual holidays. Starting salary open, range $314-392, plus $10 shift differential. Rooms in modern nurses home at $10 per mo. Write, wire, or phone Supt. or Nurses, Tulare County General Hospital, Tulare, Calif.

GENERAL DUTY NURSES: For 600 bed teaching hospital in central California. In-service educational program, college community, good fringe benefits, $341-413 salary range. Apply Personnel Director, 732 East Main St., Stockton 2, Calif.

GENERAL DUTY NURSES: All departments in 250 bed general hospital. Liberal personnel policies, 40 hr. wk., other fringe benefits. Rooms available in Graduate Nurses' residence if so desired. Apply Director of Nurses, St. Mary's Hospital, W. Palm Beach, Fla.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of $20 for OR afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: For JCAH accredited 210 bed general hospital with NLN provisionally accredited school of nursing. Pleasant suburban environment 35 mi. from NYC. 40 hr. wk. $300 per month. $30 differential for 3-11 and $20 for 11-7. Regular increments, liberal personnel policies including generous sick time and vacation allowance. 8 paid holidays. Scholarship aid available for continued collegiate study. Social Security, good living facilities provided at $30 per month. Call or write Director of Nursing, White Plains Hospital, White Plains, N. Y. Telephone WHite Plains 9-4500.

GENERAL DUTY NURSES: 120 bed hosp, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary $310 with a charge of $23 for full maintenance, additional $10 per mo for eve and night duty with regular increases. Surgical nurses starting salary $320 plus $5 per call after 5 pm. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

ENERAL DUTY NURSES & OR NURSES: 1 p.m. gen. duty, hospital on San Francisco y. 5 day wk. salary $335 plus $15 added for 1 and $10 for OR duty. Maintenance avail- le. Director of Nursing, Alameda Hospital, ameda, Calif.

ENERAL DUTY STAFF NURSE: New and dernized 300 bed general hospital offers salaries and opportunities to advance. enings $76.80-$89.60 per wk, nights $73.60- 3.10, days $64.00-$75.60. Openings in dical, Surgical, Obstetrics, Pediatrics, erating Rooms and Emergency Room. hr wk, merit increases, liberal policies. Long Island Sound, 45 mins to N.Y.C. dern nurses residence and school. Apply rector of Nursing, Stamford Hospital, mford, Conn.

ENERAL DUTY STAFF NURSES: Vacan- s on all services due to completion of new g which has increased bed capacity above 0. Private general hospital with 125 student hool of nursing, 3 yr. diploma course. Uni- rsity nearby for advanced study. 40 hr. k. Excellent salary and liberal benefit pro- am, including noncontributory pension plan, outstanding midwestern institution. Cen- lly located in the city and convenient to sidential and shopping facilities. Living commodations adjacent to the hospital ailable at nominal rent. Contact Personnel rector, Milwaukee Hospital, 2200 W. Kil- urn Ave., Milwaukee 3, Wisc.

ENERAL DUTY, SURGICAL AND PEDI- TRIC NURSES: 276 bed gen. hosp, in resi- ntial suburb of Chicago. 40 hr wk, cash lary and live in, $275 day duty, $295 PM uty, $290 night duty plus private room in w nurses residence, 3 meals per day and ee laundry of uniforms. Cash salary and e out, $320 day duty, $340 PM duty, $335 ght duty plus 1 meal and free laundry of iforms. Low rental apartments available r married nurses. Planned service increases regular intervals. Many other benefits. rite Personnel Director, MacNeal Memor- l Hospital, Berwyn, Ill.

ENERAL STAFF NURSES: Work in devel- ing teaching center. New 400 bed hospital der construction. Intern-resident program. utstanding Southern California location. 30 per mo. starting salary, $15 per mo. merit creases at 6, 12, 24 and 36 mos. 40 hr. wk., wks. pd. vacation, pd. sick lv. to 30 days, 7 . holidays. Apply Director of Personnel, easide Memorial Hospital, 1401 Chestnut venue, Long Beach 13, Calif.

ENERAL STAFF NURSES: Positions avail- le in Medical-Surgical and Intensive Care nits in modern 238 bed hospital. Liberal per- sonnel policies. Opportunities for advance- ment. Beginning salary $335 per mo. with tenure increases, differential pay for 3-11 and 11-7 shifts of $15 per mo Social security, hos- pitalization insurance provided by hospital. Apply Director of Nursing, Samuel Merritt Hospital, Oakland 9, Calif.

GENERAL STAFF NURSES: Because we are friendly people it is fun to work in the pre- ferred department of a 200 bed JCAH gen- eral hospital enthralled in the extensive build- ing program creating opportunity for ad- vancement. Liberal personnel policies include 40 hr wk, retirement plan, Social Security, pd hospitalization insurance premiums, cu- mulative 30 day sick leave, 2 wks vacation, 6 holidays, excellent meals at cost, cozy rooms at $20 per mo, in-staff educational program. Approximate initial salary eves $349, nights $343, days $325. Annual increase yearly ap- proximates $215. High standard patient care maintained by nurses permitted to use pro- fessional preparations. Ideally located near Detroit with convenient transportation to make off duty hrs. interesting. For details write Director of Nursing. Wyandotte General Hospital, Wyandotte. Mich.

GRADUATE NURSES: For general duty 50 bed hospital with new wing. Pd. Blue Cross, laundry and meals in addition to salary of $300. Good personnel policies, sk. lv. and pd. vacations. Located in college town. Apply Su- perintendent, Northfield City Hospital, Northfield, Minn.

GRADUATE NURSES: Start your profes- sional career in one of the world's largest hos- pitals. $375 a mo. is the basic salary and the California climate is included! Write Betty Hartwig, R.N., Box 1311, L.A. County Gener- al Hospital, L.A. 33, Calif. for full informa- tion. Be ready to work here the day you graduate.

GRADUATE NURSES: For medical and sur- gical services, modern 263 bed mid-Manhattan hosp. 5 day 40 hr wk. Starting salary floor duty $310, Eves. $350, midnights $340, scrub nurse $320. Uniform laundry, 2 meals per tour. 4 annual increases, 4 wks vacation, 12 holidays, sick lv 12 days per year cumulative. Social Security, Health Service, free hospitali- zation. Opportunities for special assign- ments, research nursing bonuses and post- grad. study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: For general duty, 75 bed general hospital, new air-conditioned, with modern equipment. Beginning salary $275 a mo with differential for eve and night duty and operating room nursing. Good personnel

policies, 5 day, 40 hr wk, vacation, pd sick l holiday time. Located in beautiful centra Florida. Apply Director of Nurses, Semino Memorial Hospital, Sanford, Fla.

GRADUATE NURSES-MALE OR FEMALE: For 500 bed general hospital. Salary $4425 pe yr. or higher based on qualifications. Wor wk. is normally 40 hrs., 5 days. 30 days vaca tion and 15 days sk. lv. earned each year. re tirement and Blue Cross plans. Located i Shreveport near Barksdale Air Force Base Write Chief, Nursing Service, Veterans Ad ministration Center, Shreveport, La.

GRADUATE STAFF NURSES: Opportunitie for men and women on all services including Psychiatry and Operating Room. Well planne orientation program, tuition free courses a University. Low cost housing in nurses' resi dence. Recreational and cultural opportuni ties. Salary range $340 to $375. 3 wks vaca tion, 6 pd holidays. Follow your impulse an write to: Director Nursing Service, Universit Hospitals of Cleveland, Cleveland 6, Ohio.

GRADUATE STAFF NURSES: Excellent op portunities for staff nurses in large teachin hospital. New salary scale $370-$400 days an $400-$430 evenings and nights. Room accom modations in attractive residence at reason able rates. Convenient transportation to hos pital. Write to Director of Nursing Service Dept. R.N., Mount Sinai Hospital Medica Center, 2750 W. 15th Place, Chicago 8, Ill.

GRADUATES: Mercy College of Anesthesio ogy offers an 18 mo AANA approved cour to graduates of accredited schools of nursin Write: Director, Anesthesia Dept., Mou Carmel Mercy Hospital, Detroit 35, Mich.

HIGH CALIBER REGISTERED NURSES We need good nurses interested both in late scientific therapy and old-fashioned war care of patients with cancer and allied di eases. Teaching and research center offer valuable experience. Adequate staff of to nurses maintained. University-affiliated in service education, access all NYC educationa programs. Good basic preparation required learn specialty here where patients receive active surgical-medical-radiation therapy Not a chronic disease hospital. Teacher college learn-earn plan available for study experience program on full salary. Staf nurses: day $340-380 mo., eve. $395-437 nite $384-426. 4 wks vacation, 1½ pay for overtime, uniforms laundered, Blue Cross pd by center. Minimum rotation. Suture nurses base salary plus ½ pay for on call. Housing agent helps you locate. Thelma Laird, R.N. Director of Nursing, Memorial Center, 444 E. 68 St., New York 21, N.Y.

IMMEDIATE NEED: For Registered Nurses for night duty, 40 hrs., $72 weekly, excellent fringe benefits, cheap living quarters avail able. Contact Sturgis Memorial Hospital Sturgis, Mich.

IMMEDIATE OPENING-OBSTETRICAL SU PERVISOR: New, modern 130 bed JCAH ap proved hospital (22 bed obstetrical depart ment). Deliveries average 110 per mo. Super visory experience and experience in obstetrics essential, degree or credits toward a degree (may complete college work here in town). Salary commensurate with education and ex perience. Excellent personnel policies. Trave expense to Calif. reimbursed after 2 yrs. sat isfactory service. For full information write Director of Nursing Service, Greater Bakers field Memorial Hospital, P.O. Box 26, Bakers field, Calif.

IMMEDIATE OPENINGS: For Head Nurse in O.B., nursery, medical and surgical depts.

3-11 and 11-7, starting salary $315, also scrub nurses in O.R., 7-3, starting salary $310. New 200 bed hospital enlarging to 400 beds. Contact Supt. Nurses, Medical Center Hospital, P.O. Box 1631, Odessa, Tex.

INDUSTRIAL-OFFICE: (a) Staff Nurse, industrial mining hosp near Arizona resort area $400 month, (b) Nurse travel for renowned surgical house, consultant to physicians, hospitals, regarding company products, good salary plus expenses, (c) Office-Scrub Nurse for clinic near Sun Valley, $375-$450. RN 11-5 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

INSERVICE TRAINING COORDINATOR: To set up and direct inservice training program for Nursing Service in 290 bed hospital, including geriatric and TB units. B.S. Degree in Nursing preferred; experience in inservice training required. 5 day, 40 hr. week, liberal job benefits, room and board available, starting salary $400-$450 depending on qualifications, interview required at hospital expense. Reply giving complete personal data, education, and work experience to Mrs. Margaret Nelson, R.N., Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave., S.E., Albuquerque, New Mexico.

INSTRUCTORS: Obstetrics, Operating Room and Pediatrics in large city hospital. $375 per mo. Write Director of Nursing, General Hospital 1, Kansas City 8, Mo.

MALE NURSE: Act as hosp Supervisor for state reformatory, M.W. RN 11-6 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

NEW GRADUATES: As soon as you are licensed you begin at $375 per month in the Los Angeles County General Hosiptal. Write me for details. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif.

NEW MEXICO: Needs Public Health Nurses. Excellent salaries, fringe benefits. Write Merit System, Box 939, Santa Fe, N. Mex.

NORFOLK GENERAL HOSPITAL: Offers to graduates of accredited school of nursing a 15 month comprehensive course in Anesthesia approved by A.A.N.A. Approved for training under G.I. Bill. Free maintenance plus liberal stipend granted after 3 months. Apply Director, School of Anesthesia, Norfolk, Va.

NURSE ANESTHETIST: 364 bed general hospital being enlarged to 500 beds. Want to enlarge present staff of 1 M.D. plus 7 anesthetists. Salary from $400 to $500/mo. plus extra bonus payment per case for on call duty, and retirement and sickness benefits. New air-conditioned operating rooms. Apply Chief, Department of Anesthesia, York Hospital, York, Pa.

NURSE ANESTHETIST: Registered with American Association of Nurse Anesthetists for large teaching hospital. All modern agents and gases used. All types of cases. Extremely liberal fringe benefits. Write Personnel Office, MCV Hospital, Richmond, Va., stating qualifications and salary desired.

NURSE ANESTHETIST: 245 bed general hospital AANA member desired. IVE nurse anesthetist on staff. Write Assistant Administrator detailing experience and qualifications, Memorial Hospital, Casper, Wyo.

NURSES: For new 75 bed general non-profit hospital. Resort area. Contact Administrator, South Coast Community Hospital, South Laguna, Calif. HYatt 4-8501.

NURSES: Operating Room, General Duty, and Executive. Positions open in modern JCAH approved 139 bed hospital in process of expanding to 200 beds. Good salary, fringe benefits and 40 hrs. a wk., located on Gulf of Mexico halfway between two large cities. Apply to Director of Nursing, Memorial Hospital at Gulfport, Gulfport, Miss.

NURSES: California registered or eligible, 40 hr. wk., 3 wks vacation, 9 holidays, $359 mo. start, $10 differential for evening and night duty. Live in the beautiful foothills of the Sierra Nevadas between Sacramento & Lake Tahoe, 2 hrs. to San Francisco or Reno. Living accommodations available at nominal charge, meals $1.50 per day. Write Director of Nursing Services, Weimar Chest Center, Weimar, California.

NURSES: Live in the Land of Enchantment where opportunities are awaiting you. Have opening for obstetrical and general duty RN in accredited hosp. which is situated in a growing and thriving community with ideal climate. Salary range $300-400 mo. for 44 hr duty. Liberal personnel policies. Sick lv plan with 6 holidays per yr. Also we pay differential of $10 extra PMs. If interested please contact Administrator, Clovis Memorial Hospital, Clovis, N. Mex.

NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N. J.

NURSES-GENERAL DUTY: Excellent salary, fringe benefits, small hospital residential area. 35 mi from NYC. Apply Mrs. C. R. Gardner, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES, R.N.: $300 mo. starting salary, $10 increment every 6 months for 3 yrs. Bonus, 3 to 11 PM & 11 P.M. to 7 AM. Modern general hospital, university town within com-

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muting distance of New York and Philadelphia. Apply Miss M. O. Hall, Director of Nursing, Princeton Hospital, Princeton, N.J.

NURSING OPPORTUNITIES: Progressive ultra-modern 200 bed hospital near Beverly Hills, has openings for California Registered Nurses in medical-surgical units and operating room. Work in a friendly, efficient atmosphere possessing many new time and effort saving devices. Off-duty time may be spent in the sun and social activities of "Southern California Living". Starting salary $330 per mo. with a 6 mo. increase and yearly increases thereafter, 5 day, 40 hr. wk., 8 pd. holidays anually, pd. vacations, pd. sk. lv., free hospitalization and life insurance, plus unemployment and disability insurance. Opportunities for advancement and in service education program. Apply Director of Personnel, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, Calif.

NURSING SERVICE INSTRUCTORS: Do you want to be a part of a terrific staff development program? We have it at the Los Angeles County General Hospital. Beginning salary $545 per mo. Write Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif. for full details.

OPERATING ROOM NURSE: Experienced, 150 bed hospital. Attractive salary. Pd. call, overtime for hrs. called. Living facilities available in nurses home at minimal cost. Shopping center accessable to hospital. Dry climate in a beautiful growing city. For information write Operating Room Supervisor, Midland Memorial Hospital, Midland, Tex.

OPERATING ROOM NURSES: For 250 bed hospital. Salary based on experience in operating room nursing. Call time additional. Rooms available in Graduate Nurses' residence if so desired. Apply Director of Nurses, St. Mary's Hospital, West Palm Beach, Fla.

OPERATING ROOM NURSES: For 230 bed general hospital in new, modern, air conditioned six-room operating room suite. Beautiful location. 40 hr., 5 day wk. Salary based on education and experience. Call time additional. Liberal personnel benefits. Apply Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

OPERATING ROOM NURSES: Days and P.M. 154 bed general hospital located in beautiful residential suburb along the North Shore of Lake Michigan just North of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40 hr. wk., $390 days, $420 evenings, other employee benefits. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

OPERATING ROOM SUPERVISOR: Modern 40 bed hospital 60 miles from Minneapolis, St. Paul. Unit air conditioned throughout. To take charge of recovery room, emergency dressing room and central service room responsibilities. 40 hr. wk. Liberal personnel policies. Call divided with other employees. Salary open. Position open September 1, write or telephone Hospital Administrator, Apple River Valley Memorial Hospital, Amery, Wis. Telephone Congress 8-7151.

OR & STAFF NURSING: Active 100 bed children's medical center. University affiliation. Good personnel policies. Apply Director of Nursing, St. Christopher's Hospital for Children, 2600 N. Lawrence St., Philadelphia 33, Pa. Telephone GA 6-5600.

PEDIATRIC CLINICAL INSTRUCTOR: 100 bed pediatric medical center, university connection. Affiliating student program. Degree

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in Nursing required. At least 1 or more yrs experience in nursing and preferably some teaching experience. Salary commensurate with qualifications, opportunity to pursue advanced study. Write or Call Director of Nursing, St. Christopher's Hospital for Children (non-sectarian), 2600 N. Lawrence St., Philadelphia 33, Pa. Tel. GA 6-5600.

PROFESSIONAL NURSES: Positions available in Medical, Surgical, Psychiatric and Tuberculosis Services at 1238 bed VA Hospital in NYC. Salary and grade according to newly revised qualifications. Junior Grade $4425, Associate Grade $5205, Full Grade $5985 with annual increases. Liberal personnel policies, 30 days annual leave, 15 days sk. lv., 8 holidays and retirement plan. Full U.S. Citizenship required. Apply Chief, Nursing Service, Veterans Administration Hospital, First Ave. at East 24th St., New York 10, N. Y.

PUBLIC HEALTH NURSING: (a) Supervisor, county health dept. near Wash. D.C., good salary, expenses, also staff nurses, (b) P.H. Educators and Nurse Administrators for overseas opportunities $5-11,000, (c) Executive Nurse, coordinate V.N.A. and city health dept. in merger, $15,000. RN 11-7 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

QUALIFIED PUBLIC HEALTH NURSE: To serve in beautiful semi-rural area, Generalized Service. To include teaching classes. Excellent personnel policies. Call or write, Helen Manetas, R.N., Director, Visiting Nurse Association of Somerset Hills, 12 Olcott Avenue, Bernardsville, N. J., Bernardsville 8-0180.

QUALIFIED PUBLIC HEALTH NURSE AND REGISTERED NURSE: Salary for public health nurse $4250. Immediate appointment of a provisional basis. Permanent appointment with increases up to $5330, 35 hr. wk., liberal vacation and personnel policies, pension rights, in-service training promotional opportunities. Generalized service including maternal and child care, school health, communicable disease control. Salary for registered nurse $3750-4110. Opportunity for registered nurses seeking public health qualifications. Immediate appointment. 35 hr. wk. liberal personnel policies. Applicants must be able to matriculate for public health nursing courses at university. Applicants (except NY veterans) must not have reached 36th birthday. Write or call the NYC Dept. of Health, 125 Worth St., New York 13, N. Y.

REGISTERED MALE NURSE: Direct nursing services of Prison Hospital. Salary $352-$494 per mo. with starting salary depending upon experience. Write Personnel Bureau, Department of Corrections, Jefferson City, Mo.

REGISTERED NURSE: We have an opening for a top notch RN to serve as Deputy Director of Nursing Services. The woman we are looking for must be thoroughly experienced in nursing administration, well grounded in human relations, be an excellent supervisor, have a good personality and like a challenge in her work. Experience in TB preferred, but not required. 14 holidays, liberal vacation, sick lv. policies. Social security and retirement coverage. Many other benefits. Work is in the Southwest's newest, loveliest and most modern air-conditioned hospital. Fully accredited. Salary to $5,000, good opportunity for advancement. Hospital located in scenic East Texas, 100 miles from Dallas. Send resume at once to Personnel Officer, East Texas Tuberculosis Hospital, Tyler, Tex.

REGISTERED NURSES: Modern 400 bed

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Unusual garden-type apartment residencies for nurses, offering 2- and 3-bed-sitting rooms, with shared kitchenette and bath.

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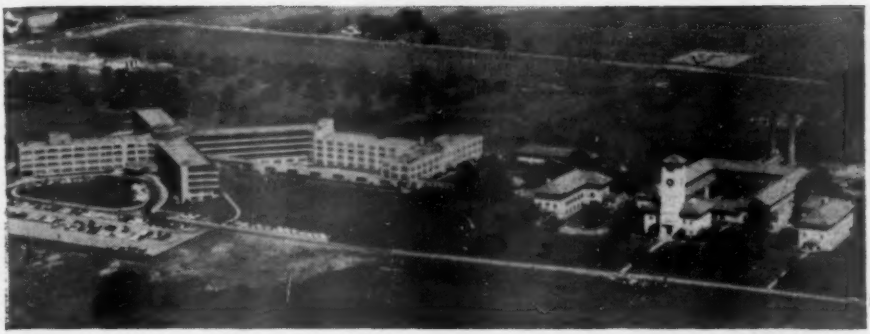

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- combines medicine, physical medicine, nursing, psychology, medical social service and other disciplines into an effective team which provides the "total push" needed for the rehabilitation of the disabled patient,
- provides scholarship funds for advanced education, progressive personnel policies, modern equipment, and a challenging future.

Write to the Director of Personnel Relations for information on employment opportunities and personnel policies. All applications are referred to Mr. William F. Hartnett, R.N., Director of Nursing.

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REGISTERED NURSES. For 125 bed general hospital in the metropolitan area, openings on night duty and in O.R., differential for nights and premium for O.R. call, liberal holiday, vacation and sick lv. policies. Apply Director of Nurses, Irvington General Hospital, Irvington, N.J.

REGISTERED NURSES: For Surgery and Obstetrics in 170 bed general hospital located in beautiful Western North Carolina. Liberal personnel policies. Apply Director of Nurses, St. Joseph's Hospital, Asheville, N.C.

REGISTERED NURSES: Openings in Pediatrics, Obstetrics, Medical and Surgical. Modern 100 bed hospital in beautiful lake shore suburb of Chicago. Living quarters on hospital grounds. Director of Personnel, Lake Forest Hospital, Lake Forest, Ill.

REGISTERED NURSES: All services in 250 bed JCAH accredited general hospital now being enlarged. Located in progressive west coast city near lovely beaches. Liberal personnel policies and benefits. Write Personnel Officer, Memorial Hospital Sarasota, Fla.

REGISTERED NURSES: For Veterans Administration Hospital, Fort Howard, Maryland, located 15 miles from Baltimore. 377 bed GM&S hospital. Personnel policies include normal work wk. 40 hrs., annual leave 30 days, sk. lv. 15 days and legal holidays 8. Salaries junior grade $4425, associate grade $5205, with yearly increases. Non-housekeeping quarters available. Uniform allowances and laundry provided. Openings for both men and women. Contact Chief, Nurse, VAH, Fort Howard, Md.

REGISTERED NURSES: California coastal area. Ideal climate. New hospital, good promotional possibilities, liberal vacation and sk. lv. Canadian nurses eligible. Salary starts at $330 per mo. Apply Personnel Dept., Court House, Ventura, Calif.

REGISTERED NURSES: 105 accredited gen hosp. Salary $330-360 per mo. 40 hr wk. liberal vacation holiday & sick lv plan. Apply Director of Nurses, Glenn General Hospital, Willows, Calif.

REGISTERED NURSES: For 222 bed hospital for Tuberculosis. Salary range $325-$385 per mo. Annual and sk. lv. benefits, 10 holidays annually with pay. Group Insurance, Social Security and Retirement plan. Maintenance at nominal fee. For further information contact Chief Nurse, Fort Stanton Tuberculosis Hospital, Fort Stanton, N. Mex.

REGISTERED NURSES: Southeastern New Mexico. Excellent dry climate. Housing plentiful. $345 for 3-11 and 11-7 shifts. $330 for 7-3 shift. Nurses interested in OB particularly desired. New 53 bed hospital. Write Director of Nurses, Carlsbad Memorial Hospital, Carlsbad, N. Mex.

REGISTERED NURSES: For air-conditioned 200 bed general hospital, organized medical staff, pleasant working conditions, reasonable accommodations in nurses residence. Starting salary $277 per mo., 4 wks. annual vacation with sk. lv. and holidays. Apply Director of Nurses, John D. Archbold Memorial Hospital, Thomasville, Ga.

REGISTERED NURSES: Immediate openings for staff duty, starting salary $350 mo., and Surgical Nurse, starting salary $375 mo., with periodic raises, P.M. and night differential, Social Security, vacation, sk. lv., holidays, 40 hr. wk., and other benefits. Apply Director of Nursing, Palo Verde Hospital, Blythe, Calif.

REGISTERED NURSES: VA Hospital, Chillicothe, Ohio, Psychiatric, 40 mi. south of Columbus. Starting salary $4425 with periodic increases to $5385. Regular promotions with higher salaries depending on experience and education. Normally 40 hr. wk., 30 days vacation, 15 days sk. lv., and 8 holidays yearly. Moving expenses. Non-housekeeping quarters available at the hospital. Uniform allowance provided. Apply Manager, VA Hospital, Chillicothe, O.

REGISTERED NURSES: Modern 191 bed JCAH fully accredited general hospital expanding to 374 beds by 1960. Located on beautiful San Francisco Peninsula, 20 min. drive from the heart of the city. Openings in all services, excellent personnel policies, many extra benefits and opportunities for

vancement, top salaries. Apply Personnel irector, Peninsula Hospital, 1783 El Camino al, Burlingame, Calif.

EGISTERED NURSES: For general duty all services in 230 bed general hospital, CAH, in beautiful resort area. Liberal per-nnel policies. 40 hr. 5 day wk. Write irector of Personnel, Good Samaritan Hos-tal, West Palm Beach, Fla.

EGISTERED NURSES: For a 201 bed niversity hospital. Base salary $300. Rotat-g shifts with pay differential, 40 hr. wk. ssistant and head nurse positions also avail-le. Write Director of Nursing, University Nebraska, College of Medicine, 42nd and ewey, Omaha 5, Nebr.

EGISTERED NURSES: Modern 88 bed, lly accredited general hospital. College city 30,000. 85% sunshine belt. Modern per-nnel policies, 40 hr. wk. Apply Director of urses, Memorial General Hospital, Las ruces, N. Mex.

EGISTERED NURSES: Staff duty, 40 hr. k., starting salary $300 with increase of 20 per year for 2 years. $40 differential for vening, $25 for nights, time and one-quar-r for overtime. No rotating shifts. Oppor-nity for advancement. 7 holidays, 4 wks. acation, sicktime, Social Security, pension lan. Living in $22.50 per mo, when avail-le. Operating room starting salary $310, ll nights additional pay. Apply Superin-ndent of Nurses, The N. Y. Eye and Ear nfirmary, 218 Second Ave., N.Y. 3, N.Y.

EGISTERED NURSES: Operating room nd general duty, for 350 bed hospital in estern suburb 16 miles west of Chicago's oop. Starting salary for experienced oper-ting room nurses $350 mo. Starting salary or general duty nurses $325. Differential of 15 for PM and night shifts. Compensation f $2 a day for weekend duty. 6 pd. holidays nd other liberal benefits. Apply Director f Nursing Service, Memorial Hospital, Elm-urst, Ill.

EGISTERED NURSES: Have you heard bout the salary increase for nurses in the os Angeles County Hospital System? Staff urses, without exp., begin at $375 per mo. ($4500 per yr.) Asst. Head Nurses, with 6 os. acceptable exp. in an accredited hospi-al, begin at $417 per mo. ($5004 per yr.) Nurses interested in promotion will find any opportunities to advance at the Los ngeles County General Hospital where Head urse and Supervising Nurse positions are requently filled from our own staff. The ctive Nursing Service Education Program elps keep nurses well-informed of advances n the fields of medicine and nursing. Why don't you write today for further information about positions available—personnel policies or life in Calif.? Betty Hartwig, R.N., L.A. County General Hospital, 1200 N. State St., Los Angeles 33, Calif.

REGISTERED NURSES: Positions open on all shifts and services including delivery and OR. Modern 60 bed hosp. located in SW Colorado. Nurses must be eligible for Colo. registration. 40 hr wk, pd vacations, Social Security, holidays, liberal sick lv and other benefits. Gen. duty $325. Modern quarters available for single personnel if desired. Southwest Memorial Hospital, Cortez, Colo.

REGISTERED NURSES FOR CALIFORNIA STATE HOSPITALS: Streamlined procedure allows prompt appointment of professional nurses without experience, start at $376 a mo., or with 1 yr. of psychiatric nursing experience, start at $395 a mo. First increase after 6 mos. Inservice training program features new trends in psychiatric care and treatment as well as basic and advanced courses in psychiatric nursing. Promotional opportunities. Openings in educational program for nurses with college degree who have taught and practiced psychiatric nursing, start at $505 a mo. Nurses registered in other states are usually eligible for Calif. license without examination. Liberal employee benefits. Write State Personnel Board, 801 Capitol Ave., Dept. N 201, Sacramento 14, Calif.

REGISTERED PROFESSIONAL NURSES: General staff and operating room for 200 bed fully accredited general hospital, proximity New England beaches. Policies for 40 hr. wk. include alternate weekends, 9 pd. holidays, the minimal fee living quarters. Opportunity for graduate study available. Address Director of Nursing Service, Woonsocket Hospital, Woonsocket, R. I.

REGISTERED PROFESSIONAL NURSES: For supervisory, teaching and general staff positions. Salary commensurate with education and experience. Base salary starts at $347 per mo with $30 monthly p.m. and night differential plus $2 bonus for Saturdays, Sundays and holidays worked. Other benefits. Progressive personnel policies. 250 bed JCAH approved teaching hosp. on Northside Chicago near educational, cultural and recreational activities. 20 mins. from Chicago Loop. Reasonable, good living accommodations nr hosp. Write to Director of Nursing, Ravenswood Hospital, Wilson Ave. at Winchester, Chicago 40, Ill.

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Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

SCHOOL OF ANESTHESIA: Approved by the AANA. Open to registered nurses of accredited schools of nursing. Applications being received for August and February classes. For complete information and application blanks write to Everard R. Hicks, Director of The School of Anesthesia, The McLeod Infirmary, Florence, S.C.

STAFF NURSES: For large, modern, tuberculosis hospital in beautiful suburban Cleveland. Starting salary $355 with semi-annual increments. Extra for night and relief duty. Non-rotating shifts. Opportunities for advancement. Married nurses or two single nurses may live in attractive, nearly new, completely furnished 2 bedroom homes at very low rent including utilities. Pd. vacation and holidays, liberal sk. lv. cumulative to 90 days, excellent retirement plan. Write Director of Nursing, Sunny Acres Hospital, Cleveland, 22, Ohio

STAFF NURSES: 238 bed So. Calif. hospital. Salary Calif. registered nurses starts at $330. Merit increases. Apply Director of Nursing, Cottage Hosp., Santa Barbara, Calif.

STAFF NURSES: 84 bed fully accredited hosp. 40 hr. wk. Good personnel policies. Nurses' home available. Starting salary $340 with differential for PM, night shift, maternity and surgery. Write Director of Nurses, Woodland Clinic Hospital, Woodland, Calif.

STAFF NURSES: Free to travel 75 County area, $320-$390 mo. plus maintenance on road, excellent Ins. and Ret. plan, no weekend duty, St. Paul Regional Blood Center, 107 E. Kellogg Blvd., Attn. Mr. Basquin.

STAFF NURSES: For 3,000 bed general hospital. Ask us about openings on your favorite service. Betty Hartwig, R.N., Box 1311, L... County General Hospital, L.A. 33, Calif.

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STAFF NURSES: Beginning salary $3... Good personnel policies. 245 bed general h... pital, midway between Yellowstone Park a... Denver. Apply Director of Nursing Servi... Memorial Hospital, Casper, Wyo.

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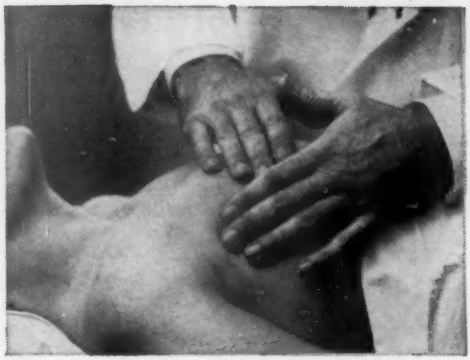

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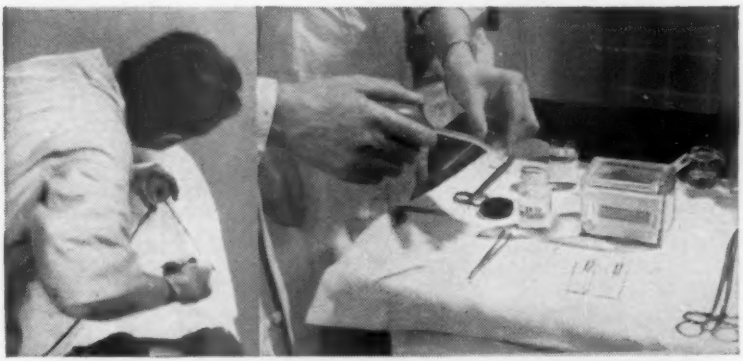

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